**To be completed by the Host Supervisor:**

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| General information  |
| First and Last name of the Fellowship Winner: | Click here to add the fellowship winner's name |
| Name of Host Supervisor: | Click here to add name of host supervisor |
| Department, Name and country of Host institution: | Click here to add department, name and country of **host** institution |

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| Fellowship Information  |
| Title of the Fellowship Winner's Project: Click here to add title of the project  |
| Length and category of Fellowship: |
|[ ]  Clinical (3 months) |
|[ ]  Research Short-term (3 months) |
|[ ]  Research Medium-term (6 months) |

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| --- |
| Start and finish dates |
| Start Date: | Click here and choose or enter date here | **End Date:** | Click here and choose or enter date here |

* **I hereby confirm that the fellowship has been fully completed by the EAACI fellowship winner.**
* **I understand that any false statements may result in a penalty affecting the final grant payment.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Click here and choose or enter date here | Signature of Host supervisor: |  |
|  |  | Title and Name: | Click here to add your title and name |

* **Please sign and return this form to the fellowship winner.**