**HD FELLOWSHIP APPLICATION FORM**

1. Details of Applicant
2. Proposed Host Institution
3. Recommendation by Applicant’s Home Institution
4. Acceptance by Host Department

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| **1. Details of Applicant** | | |
| Name: | | |
| Degree and date of degree: | | |
| Citizenship: | | |
| Home institution: | | |
| Address: | | |
| Tel: | | |
| Fax: | | |
| E-mail: | | |
| Head of department: | | |
| I am qualified to practice as a medical doctor in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*insert country here*) | | |
|  | | |
| ***Please tick the appropriate boxes below:*** | ***YES*** | ***NO*** |
| I am under the age of 40, or it is less than five years since the award of my final medical qualification |  |  |
| I am fluent in English |  |  |
| I have working knowledge of the language of the proposed host country |  |  |
| I am currently registered in a training programme neurology, psychiatry, psychology, physiotherapy or clinical genetics at the above institution |  |  |
| I have completed a training programme in neurology, psychiatry, psychology, physiotherapy or clinical genetics and am now working at the above institution |  |  |
| I have been actively involved in HD research/clinical practice, or have future project plans in HD research/clinical practice |  |  |
| I will receive no financial support for this Fellowship from any other party |  |  |
| I am an EHDN member |  |  |
| I am a MDS member |  |  |
| If any of the above criteria are not applicable, please explain here (details in the letter): | | |
| Please provide a short description of the professional and personal circumstances that would permit you to spend the duration of the Fellowship in the host country: | | |
| Briefly describe specific clinical or research aspects of (in) HD in which you wish to gain experience: | | |

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| 2. Proposed Host Institution |
| Name of head of department: |
| Name of supervising HD professional: |
| Institution: |
| Address: |
| Country: |
| Tel: |
| Fax: |
| E-mail: |
| It is the responsibility of the applicant to verify, prior to submitting the application, that they are entitled to enter the host country to take up the Fellowship. EHDN-FEP cannot assist with visa applications.  Applicants must liaise with the host institution to agree the dates for the Fellowship. |

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| 3. Recommendation by Applicant’s Home Institution |
| Head of department: |
| Institution: |
| Address: |
| Tel: |
| Fax: |
| E-mail: |
| I recommend  Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the joint EHDN / MDS-ES FEP in Huntington’s Disease. |
| At host department: |
| The applicant will be given leave of absence/study leave for the duration of the Fellowship.  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 4. Acceptance by Host Department | | |
| Head of department: | | |
| Fellowship supervisor: | | |
| Institution: | | |
| Address: | | |
| Tel: | | |
| Fax: | | |
| E-mail: | | |
| Name of applicant:  has been accepted for a joint EHDN / MDS-ES FEP in Huntington’s Disease at my/our department. | | |
| Department name: | | |
| Duration of the Fellowship: | | |
| Expected date of commencement: | | |
|  | | |
| ***Please tick the appropriate box*** | ***YES*** | ***NO*** |
| I/We confirm that I/we will work directly with the applicant to arrange the necessary observer contract/honorary contract for the applicant to attend HD clinics and ward rounds |  |  |
| EHDN and MDS-ES will not be required to pay any institutional overhead charges with respect to this placement |  |  |
| We **can** assist the applicant with finding suitable accommodation for the duration of the Fellowship |  |  |
| Date Signature  Head of Department    Date Signature  Administrative Head of Institute | | |

**APPLICATION SUBMISSION CHECKLIST**

The following documents must be submitted:

1. Completed application form
2. Curriculum vitae (maximum 3 pages)
3. Signed and dated recommendation from the Head Department of the home department
4. Acceptance from the Head of Department of the host institution, signed and dated (by Head of Department and Administrative Head)
5. Copy of applicant’s passport
6. Copies of applicant’s Professional degrees
7. Copy of applicant’s Professional registration document

## Application Procedure

The application should be sent by email to: [fep@euro-hd.net](mailto:fep@euro-hd.net)

## Application Timeline

Applications for 2023 must be received no later than **Friday, 10 February 2023**.

The evaluation process will be completed and applicants can expect an official reply by end of March 2023.

Final Report

Fellowship grant recipients are expected to send a final report using the format provided to [fep@euro-hd.net](mailto:fep@euro-hd.net), no later than **two months** after completion of the Fellowship. Applicants will also be requested to send photos from the fellowship experience and may also be asked to participate in promotional activities for future programmes. e.g. provide information for newsletter, short video clip, etc.

A short report will also be requested from the host institution after the fellowship.

**Accommodation/Living Costs and Travel Reimbursement**

Successfully placed applicants will receive an upfront payment of 1,800€ in order to support accommodation and living expenses for six weeks.

Travel expenses will be reimbursed up to 500€\* (economy travel). In order to receive the travel reimbursement, the following documents should be forwarded:

- final Fellowship report

- report from the host institution

- all original hardcopies of travel receipts (receipts that are issued per e-mail, such as flight tickets, can be sent as an e-mail or PDF. All other receipts, for example subway tickets or taxi receipts must be sent as original hardcopies)

\**If expected travel costs exceed the maximum reimbursement amount, applicants can submit their total expenditures for prior approval**(in advance of incurring costs). Full coverage of travel costs can be granted in exceptional cases.*