**EHDN/MDS 2025 Fellowship programme**

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| Statement by Applicant’s Home Institution |
| Head of department (first name, surname): |
| Institution: |
| Address: |
| Tel: |
| E-mail: |
| I recommend  Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the joint EHDN / MDS-ES Fellowship programme in Huntington’s Disease at a multi-disciplinary HD clinic in Europe as recommended by EHDN. |
| The applicant will be given leave of absence/study leave for the 6-week duration of the Fellowship during 2025.  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |