

## EHDN/MDS 2026 Fellowship programme

### Statement by Applicant's Home Institution

Head of department (first name, surname):
Institution:
Address:
Tel:
E-mail:
<p>I recommend</p> <p>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.</p>
<p>The applicant will be given leave of absence/study leave for the 6-week duration of the Fellowship during 2026.</p> <p>Date _____ Signature _____</p>