EUROPEAN HUNTINGTON'S DISEASE NETWORK

Advancing Research, Conducting Trials, Improving Care

International Parkinson and Movement Disorder Society European Section

EHDN/MDS 2027 Fellowship programme
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 2027. Date _____ Full Name_____ Role in Institution_____ Signature _____