

# EAN Clinical Fellowship

## Acceptance by host department

Head of department (name + e-mail):
Mentor during fellowship (name + e-mail):
*Buddy during fellowship (name + e-mail):
Institution:
Address:
Tel:

Name of applicant:
Expected date of beginning:
Expected duration (in weeks):

*\*A resident from your department who can act as a buddy to help with typical everyday life questions and matters related to the department/hospital. The buddy would receive a free EAN RRFS membership for the upcoming year (the year after the applicants stay at the department) as a reward for supporting the fellow.*

**I agree to host the applicant in my department for \_\_\_ weeks for the educational visit** (the stay has to be between 6 and 12 weeks).

In case of getting accepted for an EAN grant, the visitor will receive 425,- Euro/per week (plus coverage of travel costs up to 300,- Euro, after receipt of report and evaluation forms).

**After the participant has finished the fellowship stay, I will complete the provided electronic evaluation form.**

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Date

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Signature Head of department