****

# EAN Clinical Fellowship 2021

# Acceptance by host department

Head of department:

Mentor during fellowship project:

Institution:

Address:

Tel:

E-mail:

Name of Applicant:

Expected date of beginning:

Expected duration (in weeks):

**🞏 I agree to host the applicant in my department for \_\_\_\_ weeks for the educational  
visit** (the minimum stay is 6 weeks).

The visitor will be provided by an EAN grant of 425,- Euro/per week   
(plus coverage of his travel up to 300,- Euro, after receipt of report and evaluation forms)

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

………………………………………… ………………………………………………………..

Date Signature