****

# 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 minimally 6-week educational visit**.

The visitor will be provided by an EAN grant of 2250,- Euro plus coverage of his travel up to 300,- Euro.

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

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

 Date Signature