

Clinical Fellowship

**Application Form for 2021**

**All electronic documents can be received throughout the entire   
year 2020, but not later than: October 31, 2020**

**First name:** **Last Name:**

Title:

Date of birth (dd/mm/yyyy):

Complete contact address:  
Street, No.:   
Zip code (post code): City:  
Country:   
Telephone:  
e-mail:

□ I have already contacted the following department and attach the acceptance form

Name of Head of Department:  
Name of Department:  
Mentor during fellowship:  
Hospital:  
City:  
Country:  
e-mail:

**Declaration of eligibility:**

I certify that, at the time of this application:

□ I am neurology resident, RRFS member from [EAN member country](https://www.ean.org/National-Neurological-Societies.2672.0.html) / Corresponding

Institutional Member Country, with at least 2 years of clinical training

□ I am Full members within 5 years after completion of neurology training

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signature

**Justification**

- why and how the clinical fellowship in that particular Host Department is relevant, objectives and expected gains

**IMPORTANT: The application form must be accompanied by**:

* Letter of Acceptance from the approved host department
* EAN CV form
* Evidence of training/experience; EAN membership certificate
* 2 letters of recommendation (in addition to the host acceptance letter)
* Copy of passport/Identification card

**Applications should be sent:**

**by e-mail** to Ms. Magda Dohnalová: **fellowship@ean.org**

**Applications must be typed, and not handwritten!**

**The maximal size of all attachments together is up to 5MB.**

**We accept** **documents:**

* **application form – word format (only)**
* **other documents in word, pdf, jpg formats**

**Incomplete applications will not be accepted.**