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# EAN Fellowship 2021

# Application Form – research experience

**Applicant:**

Last Name:       First Name:

Date of birth:

Citizenship:

Institution:

Address:

Tel:

E-mail:

Head of department:

I certify that, at the time of the proposed visit, I will be a neurology resident (with at least 2 years of training) OR completed my neurology training/board certification within the last 5 years

I am qualified to practise as a medical doctor in Europe

I have a working knowledge of English or of the language of the host country

I am currently registered in a training programme in clinical neurology

at the above institution OR

I have completed a training programme in clinical neurology at

I have experience of and competence in

* word processing
* spreadsheets
* database management
* information technology

Have you received any previous grants/research funding:  No  Yes

If Yes provide details (source, amount, dates):

I have applied for funding from

I have received funding from      

### How did you learn about the EAN Research Fellowship?

Head of Department  Flyer  Newsletter  EAN Website  Congress

Other: ……………………………………………………………………

### Short description of experience in basic or clinical neuroscience research

Short description of personal circumstances permitting spending the duration of the project in the host country

Summarize how and why the research fellowship will support your future career and/or home department?

**Hosting Institution:**

Name of head of department:

Mentor at host department:

Institution:

Address:

Tel:

E-mail:

**Project:**

Title of the project:

Duration of the project:

Expected date of beginning:

Summary description of the project

Key words (up to 5):

Topic/field:

In relationship to this project, have you received or applied for any other funding?

No  Yes.

If Yes provide details (source, amount, dates):

I have applied for funding from:

I have received funding from:

Should I be awarded a fellowship, I will send a final report not later than three months after termination of the fellowship to EAN head office. I will acknowledge EAN support in any publication based on the research work supported by the fellowship.

I will immediately inform EAN head office, if my work at the hosting institution has to be interrupted for a period lasting more than three weeks or if it has to be terminated early for any reason whatsoever.

………………………………………… ………………………………..

Date Signature