



# Research Fellowship Award

## Home Institution Release Form

To be completed by the applicant

Name of applicant:			
Name and country of home institution:			
Name of home supervisor:			
Name and country of home institution (if different from above):			
EAACI fellowship sought	<input type="checkbox"/> Long-term	<input type="checkbox"/> Medium-term	<input type="checkbox"/> Short-term
Title of proposed project:			
Proposed start and finish dates:			Months in total:

To be completed by the home supervisor

Will the applicant receive any income (salaries, fellowships, travel grants, etc.) from the home institution during the period of the proposed fellowship? If yes, give details:
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- I authorise the candidate to leave their home institution during the planned project period and that he/she is released from any laboratory and clinical duties in this period.
- If the application is successful, I hereby declare that he/she will have the possibility to return to the home institution at the end of the fellowship.
- I confirm the relevance of the project and support the proposed work.
- I attest that the proficiency of the candidate in the working language at the proposed host institution is sufficient.
- The EAACI fellowships provide the recipient with a subsistence allowance to cover the fellow's living costs and travelling expenses to the host institution. The fellow is not, therefore, an employee of EAACI, and hence EAACI does not accept liability for their actions, health, safety or research expenditures.
- I am aware that preference will be given to home supervisors who are members of EAACI, or already applied for EAACI membership, at the time of application.
- I certify that the foregoing statements are true and completed to the best of my knowledge. I understand that any false statement is sufficient cause for rejection of this application or for cancellation of a fellowship already awarded.

Date:

Home supervisor signature:

**Please sign and return this form to the applicant.**