



**EAACI**  
EUROPEAN ACADEMY OF ALLERGY  
AND CLINICAL IMMUNOLOGY

## Clinical Fellowship Award

### Application form 2010

Title of proposed project:	
Four keywords:	
Proposed start and finish dates:	Months in total:

#### Personal data

Last name:
First name(s):
Date of birth (Day/Month/Year):
Nationality:
Present position: Since when (date):
Name and address of the home institution:
Telephone:
Fax:
E-mail:
EAACI-JMA membership number:
Professional societies or associations of which you are member:



**EAACI**  
EUROPEAN ACADEMY OF ALLERGY  
AND CLINICAL IMMUNOLOGY

## Clinical Fellowship Award

### Home supervisor

Last name:
First name(s):
Present position: Since when (date):
Name and address of the home institution (if different from above):
Telephone:
Fax:
E-mail:
EAACI membership number (if applicable):

### Host supervisor

Last name:
First names:
Date of birth:
Nationality:
Present position: Since when (date):
Name and address of the host institution:
Telephone:
Fax:
E-mail:
EAACI membership number:



## Clinical Fellowship Award

### Application to be made electronically to [sladjana.scepan@eaaci.net](mailto:sladjana.scepan@eaaci.net)

- From the applicant:
- curriculum vitae (1 A4 page maximum)
  - Letter of recommendation
  - Motivation letter, specifying the centre for application
  - Commitment letter
- From the home supervisor:  E-mail confirming the terms
- From the host supervisor:  E-mail confirming the terms

### Financial declarations

*If you have applied for other financial support, or receive income from your home or host institution during the proposed fellowship period it will not affect the selection procedure, but, if successful the total sum of the fellowship may be reduced.*

Your present monthly net salary:
How much of this would you continue to receive if a fellowship were granted to you?
Other annual professional income payable during the fellowship period:
Have you applied to other funding sources for support for the same project and period? If yes, give details:
Will you be receiving any income (salaries, fellowships, travel grants, etc.) from the host institution during the period of the proposed fellowship? If yes, give details:

I hereby certify that the foregoing statements are true and completed to the best of my knowledge. If the application is successful, I undertake to abide by the conditions of the award. I understand that any false statement is sufficient cause for rejection of this application or for cancellation of a fellowship already awarded.

Date:

Signature of applicant: