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| To be completed by the applicant |
| Applicant name: | Click here to add your name |
| EAACI JM membership number: | Click here to add JM membership number |
| Name of home supervisor: | Click here to add name of home supervisor |
| Name and country of home institution: | Click here to add name and country of **home** institution |
| Name and country of host institution: | Click here to add name and country of **host** institution |

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| Fellowship Information  |
| Title of proposed project: Click here to add title of proposed project |
| Length of Fellowship – please indicate your preference below |
|[ ]  Research Medium-term (6 months) |
|[ ]  Research Short-term (3 months) |

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| Proposed start and finish dates |
| Start Date: | Click here and choose or enter date here | **End Date:** | Click here and choose or enter date here |

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| To be completed by the host supervisor |
| Will the applicant receive any income (salaries, fellowships, travel grants, etc.) from the host institution during the period of the proposed fellowship?  |
|[ ]  No |
|[ ]  Yes | Click here to give details |

* The EAACI fellowships provide the recipient with a subsistence allowance to cover the fellow’s living costs and travelling expenses to the host institution. EAACI does not accept liability for their actions, health, safety or research expenditures. The host institution, in accepting the fellow, accepts the responsibility of protecting both itself and the fellow as appropriate to the normal needs of a guest worker, including adequate insurances. The host institution also accepts to provide the necessary materials and facilities. The fellow should not be obliged to pay any “bench fees” or any other financial contribution to the costs of the research.
* To the extent that the receiving institution is legally able, and in accordance with its policy, the results of any research involving the fellow will be made freely available in the scientific literature and will not be kept undisclosed, or their disclosure delayed, for non-scientific reasons.
* I am aware that as host supervisor I must be a member of EAACI, or having applied for EAACI membership, at the time of application.
* I hereby certify that the proposed project can be carried out successfully at this host institution within the parameters of national and international guidelines on ethics, safety, animal experiments, hands-on restrictions, etc.
* I hereby certify that the host institution accepts responsibility to adhere to all national legal and ethical laws
* I agree to acknowledge the funding from EAACI in all publications made by the applicant as a result of this project.
* 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.
* I accept all the [general terms and conditions](https://eaaci.org/about-eaaci/programmes-awards/) regarding the EAACI Fellowship application.

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| Date: | Click here and choose or enter date here | Signature of host supervisor: |  |

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