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# EAN Research Fellowship

# Application Form

I herewith apply for the following Research Fellowship:

🞏 Research Training (typically 12 months and no less than 6 months)

🞏 Research Experience (no more than 6 months)

**Applicant:**

Last Name:       First Name:

Date of birth:

Citizenship:

Institution:

Address:

Tel:

E-mail:

Head of Department:

I certify that, at the time of this application, I am neurology resident (with at

least 2 years of neurology residency training) OR completes my latest neurology degree within the last 5 years.

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:

I have successfully passed the EBN Exam.

Yes, in       (year).

No.

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.

🞏 I agree that EAN may process my personal data in the course of the evaluation of my application and consent to publishing my name as participant of the EAN Research Fellowship programme in EANpages.

In processing this Application, EAN shall observe and comply with all applicable current and future data privacy and security laws, including without limitation the General Data Protection Regulation (“GDPR”). EAN further represents and warrants that: (i) any personal data processed will only be processed for the review of this Application; (ii) EAN will maintain effective information security measures to protect personal data from unauthorized disclosure or use; (iii) EAN will delete or return all personal data at the applicant’s request and upon termination of the Agreement; and (iv) if the consultants, employees or agents of EAN have access to the personal data under the terms of this Application, EAN will ensure such persons with access to the personal data will keep it confidential.

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Date Signature