



EFNS Fellowship 2004

Application Form

Applicant:

Name:.....

Date of birth:

Citizenship:

Institution:.....

Address:.....

.....

Tel:

Fax:

E-mail:

Head of department:

I am qualified to practise as a medical doctor in Europe

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

I am currently registered in a training programme in clinical neurology
at the above institution

I have completed a training programme in clinical neurology at.....

I have experience of and competence in

- word processing
- spreadsheets
- database management
- information technology

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

Hosting Institution:

Name of head of department

Institution:.....

Address:.....

.....

Tel:

Fax:

E-mail:.....

Project

Title of the project.....
.....

Duration of the project.....

Expected date of beginning:

Summary description of the project

Key words:
.....

I receive no financial support for this project from any other party

I receive financial support for this project from amounting to€
from:
.....

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

I will immediately inform EFNS 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