**Visiting Scholarship Program 2022**

**Clinical Experience**

*\*This information is required*

**Applicant**

|  |  |
| --- | --- |
| Title\*: |       |
| Last Name\*: |       |
| First Name\*: |       |
| Date of birth (dd.mm.yyyy)\*:  |       |
| Nationality\*: |       |
| Current Affiliation\*: |       |
| Chair/ Head of department\*: |       |
| Postal address (work):  |       |
| Tel. (incl. country code) : | +      |
| Official E-mail\*: |       |

**Declaration of adherence to VSP framework\***

[ ]  I certify that, at the time of the proposed visit, I am still in training (eg clinical training post, academic training such as master, PhD etc) OR completed my training within the last 5 years.

[ ]  I have working knowledge of English OR of the language of the host country.

[ ]  I am currently undergoing my training or have recently finished my training in the **ILAE region Europe**.

**Home Institution**

|  |  |
| --- | --- |
| Institution\*: |       |
| Department\*: |       |
| Postal address (work):  |       |
| Chair/ Head of department\*: |       |
| Supervisor at home department\*: |       |
| Tel of supervisor: (incl. country code)  | +      |
| E-mail of supervisor\*: |       |

**Hosting Institution**

|  |  |
| --- | --- |
| Institution\*: |       |
| Department\*: |       |
| Postal address (work):  |       |
| Chair/ Head of department\*: |       |
| Mentor at host department\*: |       |
| Tel of mentor: (incl. country code)  | +      |
| E-mail of mentor\*: |       |

**How did you learn about the YES Visiting Scholarship Program?**

[ ]  Own institution [ ]  Flyer [ ]  Newsletter [ ]  YES / ILAE Website

[ ]  Congress [ ]  Other:

**Please give a short description of your clinical training so far (max. 300 words).**

**Please summarize how and why the proposed project/visit will support your own future career and / or your home institution (300 words).**

**In relation to the here proposed project, have you received or applied for any other funding?**

[ ]  Yes [ ]  No

If Yes, please provide details (source, amount, dates):

 I have received funding from

**Summary of Learning Goals**

Title:

Duration (*6 weeks min; 3 months max*):

Expected start date:

Summary description of what skills you would like to acquire at the host institution (*max 500 words*):

Key words (up to 5):

Topic/field:

**Please summarise shortly why the host institution is suitable to acquire the above-described skills** (max 100 words).

**Should I be awarded a scholarship, I will send a final report no later than three months after termination of the project to the ILAE Visiting Scholarship Program (VSP) board. I will acknowledge VSP support in any publication based on the research work supported by this program.**

**I will immediately inform the VSP board, 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 for any reason whatsoever.**

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**Date Signature**