Host Supervisor Acceptance Form

ERS Clinical Training Fellowships (CTF) 2022

This form should be filled in by the host supervisor, who will be the main person responsible at the host centre for the fellowship if the candidate is selected, in terms of both scientific & administrative aspects.

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| **Questions** | **Responses** |
| Name of applicant |       |
| Name of Host supervisor  |       |
| Email address of Host supervisor |       |
| Name, address and country of Host supervisor’s centre  |       |
| Title of proposed research project  |       |
| Estimated start date and finish date of Fellowship |       |
| Will the applicant receive any income (salary, fellowship, travel grant, etc) from the Host Institute during the proposed period of Fellowship? | *If YES, please specify the net amount in Euro (after tax, social security, etc.)*  No   Yes  Monthly net amount in Euro:       |

**Declaration of acceptance by the Host supervisor -** *Please click "Yes" or "No"(depending on how you wish to reply for each of the following points)*

1. I confirm I have read and provided my contribution/feedback to this application as well as related project description, developed by the applicant. I confirm that I have discussed and agreed in detail all aspects of the fellowship with the applicant.

 [ ] Yes [ ]  No

1. I have been in contact with the applicant during the definition of the research project by (face-to-face, phone call, web call, etc.).

 [ ] Yes [ ]  No

1. I have reviewed the applicant’s CV and I am willing to host and supervise him/her. I have also checked in detail that s/he meets the requirements terms of eligibility criteria and that the proposed research project is in line with the specific requirements of the fellowship.

 [ ] Yes [ ]  No

1. I understand that, as the Host Supervisor, I am the main person responsible within the host centre for the fellowship and that my engagement goes beyond scientific supervision and also includes overview of administrative procedures. If the applicant is selected, I will guarantee a smooth integration process and ensure that s/he fully takes advantage of the training opportunities offered by the host centre.

 [ ] Yes [ ]  No

1. It is my assessment that the applicant has adequate fluency in the language spoken at the host centre to enable him/her to carry out the research project.

 [ ] Yes [ ]  No

1. I understand that the fellow’s living allowance and mobility allowance will be transferred directly to the fellowship recipient. I understand that no further funding will be available towards the fellowship from the ERS.

 [ ] Yes [ ]  No

1. I understand that it is not possible for successful fellowship recipients to concurrently combine an ERS Clinical Training Fellowship with other grants from other funding bodies. Therefore, a fellowship recipient cannot benefit, at the same time, from any other concurrently running stipend/salary nor fellowships granted from other funding sources.

 [ ] Yes [ ]  No

1. I confirm, as the host supervisor, that the host centre commits to guarantee support and adequate working conditions for the ERS Clinical Training Fellowship recipient, including in terms of scientific supervision as well as administrative assistance. The fellow will receive the same standards of safety and occupational health as those of local scientits holding a similar position.

 [ ] Yes [ ]  No

1. I confirm that the host centre will provide all the necessary means to enable the ERS Clinical Training Fellowship recipient to carry out their training and complete their work plan, including adequate facilities, infrastructure, equipment and products etc.

 [ ] Yes [ ]  No

1. I confirm the applicant had the opportunity to develop his/her own training plan (individually driven approach) in the respiratory field. I confirm that the selected fellow will be provided with career development support, training in scientific and non-scientific transferable skills.

 [ ] Yes [ ]  No

1. I confirm that the project and activities have been submitted for ethics and any other needed reviews for approval by the local review board/committee at the host centre (or equivalent). Moreover, I confirm that the following will be obtained before commencing the training: any ethics committee/authority opinion required under national law; and any notification or authorisation for activities raising ethical issues required under national and/or European law needed for implementing the tasks in question. Copies of all the necessary ethics documents (e.g. opinions, approvals, notifications, authorisations) will be submitted to ERS in the online application form. I understand that it will not be possible to proceed with the training with potential ethical implications before the ERS has received a copy of all documents proving compliance with existing EU/national legislation.

 [ ] Yes [ ]  No

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*Through my signature below, I certify I have carefully read and I am responsible for all the answers provided above. I certify that my answers to the above statements as well as all the information provided in the entire Clinical Training fellowship online application are true and complete. I understand that any false, misleading statement or significant omission of fact is sufficient cause for rejection of this application or for cancellation of a fellowship already awarded.*

**HOST SUPERVISOR SIGNATURE:**

Name:

Date and Location:

Signature:

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

**OR send it directly to fellowships@ersnet.org before the call deadline on 3 October 2022**