Home Supervisor Release Form

ERS Clinical Training Fellowships (CTF) 2023

* The home supervisor refers to, in most cases, the applicant’s current supervisor at the home centre where s/he is currently based. However, it is also possible to put forward one of the applicant’s past supervisors or equivalent, provided that the person can act as a referee through the Home Supervisor Reference Form and comment on the applicant’s work, in relation to the proposed work plan. It is up to the applicant to identify the most relevant person for the purpose of this application and contact him/her.
* For applicants already at the host centre, should they be eligible, they should identify a past supervisor from another centre as their “home supervisor”, for the purposes of this application. In any case, the home supervisor cannot be the same person as the host supervisor proposed for the fellowship.
* The Home Supervisor Release Form can be sent directly to ERS (fellowships@ersnet.org) by the home supervisor, if s/he wishes. Or alternatively it can be sent to the applicant, who will upload it on the application online form. In both cases, the applicant is responsible for timely submission by the call deadline of 16 October 2023.
* If an applicant has already applied for another ERS Fellowship, s/he should still ask the Home Supervisor (or equivalent) to fill out this Home Supervisor Release Form.

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| **Questions** | **Responses** |
| Name of applicant |       |
| Name of Home supervisor  |       |
| Email address of Home supervisor |       |
| Name, address and country of Home supervisor’s centre  |       |
| Title of proposed project  |       |
| Estimated start date of fellowship\* |       |
| Estimated finish date of fellowship\* |       |
| Will the applicant receive any income (salary, fellowship, travel grant, etc.) from the Home 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:       |
| *\*CTF Application Guidance 2.9. b* |  |

Through my signature below, I certify that:

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| --- | --- |
| [ ]  | I authorize the candidate to leave the Home Institute for the duration of the ERS fellowship. |
| [ ]  | I confirm the candidate has a formal connection/link to the Home Institute. |
| [ ]  | I confirm that the technical training competences/skills to be acquired by the candidate in the Host Institute are not available in the Home Institute. |
| [ ]  | I confirm that I have contributed to the development of the project and support the proposed work.  |
| [ ]  | I confirm that the candidate speaks the language used at the Host Institute at the appropriate level to conduct the project successfully. |
| [ ]  | I understand that the ERS Fellowship provides the recipient with a subsistence allowance to cover living costs at and travelling expenses to the Host Institute. Therefore, the candidate and possible Fellow, is not an ERS employee, and that the ERS does not accept liability for the candidate/Fellow actions, taxes, health, safety or training expenditures. |
| [ ]  | I confirm that any publication or outcome related to the Fellowship at the Home Institute will acknowledge ERS support, such as “Dr [fellow’s first name family name] is the recipient of a European Respiratory Society Fellowship - Number CTF [fellowship n°] - 2023. The training leading to these results has received funding from the European Respiratory Society”.  |
| [ ]  | I confirm that a position will be available at the Home Institute for the candidate upon fellowship completion. |
| [ ]  | I confirm that the work plan will transfer methods, techniques, procedures, or data to the Home Institute. |
| [ ]  | I confirm that facilities, funds, and resources will be made available to the candidate, in order to enable him/her to continue the procedures once back at the Home Unit. |
| [ ]  | I confirm that I have carefully read all provisions for the Home Supervisor in the “ERS Clinical Training Application Guidelines 2023”. I understand those provisions and I agree to comply with them. |
| [ ]  | I understand that any infringement of the ERS Clinical Training Fellowship Application Guidance 2023 conditions, rules and regulations can result in the withdrawal of an application from the selection process or the cancellation of a fellowship already granted. |
| [ ]  | I have carefully read and I am responsible for all the answers provided above. I certify that my answers to the above statements 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. |

**HOME 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 16 October 2023**