# Home Supervisor Support Form

# ERS Clinical Training Fellowship (CTF)

The Home Supervisor Support Form must be completed by the applicant’s current supervisor at the institution where the applicant is currently based. However, it is also possible for the applicant to put forward a past supervisor (e.g. PhD supervisor, etc.) provided that the person can act as a referee and comment on the candidate’s work, in relation to the proposed clinical training plan. The information must precisely match the details provided in the online application.

|  |  |
| --- | --- |
| Applicant name: |       |
| Work plan title: |       |
|  |  |
| Home supervisor name: |       |
| Home institution name: |       |
| Home institution country: |       |

Candidates that continue to receive in part or in totality a monthly salary from their home institution during the ERS fellowship must report the figure of the exact monthly NET amount (salary after deductions, such as income taxes and social security, etc.) received in EURO:

|  |  |
| --- | --- |
| [ ]  | No, I confirm that the applicant will not receive any form of income from the home institution during the period of the CTF. |
| [ ]  | Yes, I confirm that the applicant will receive a monthly income from the home institution during the period of the CTF of (please specify the NET amount in EURO after tax, social security, etc., deduction):       |
|  | In this case, the candidate will also be requested to upload a salary confirmation letter from the home institution. The letter must be written on the institution’s letterhead and include the institution’s stamp, specifying the exact NET amount the candidate will receive in EURO per month.[ ]  I confirm that the home institution has provided a salary confirmation letter. |

Terms and conditions

|  |  |
| --- | --- |
| [ ]  | I confirm the candidate has a formal connection/link to the home institution. |
| [ ]  | I authorize the candidate to leave the home institution for the duration of the CTF. |
| [ ]  | I confirm that a position will be available at the home institution for the candidate upon fellowship completion. |
| [ ]  | I confirm that the technical training competences and skills to be acquired by the candidate in the host institution are not available in the home institution. |
| [ ]  | I confirm that I have read the proposal and contributed to the career development plan especially on knowledge transfer. |
| [ ]  | I confirm that the work plan will transfer skills, knowledge, techniques or procedures to the home institution. |
| [ ]  | I recommend the candidate and the proposed clinical training plan in the respiratory field to receive support by the CTF. |
| [ ]  | I confirm that facilities, funds, and resources will be made available to the candidate, in order to enable him/her to implement the knowledge once back at the home institution. |
| [ ]  | I confirm that the candidate speaks the language used at the host institution at the appropriate level to conduct the training successfully. |
| [ ]  | I understand that the CTF provides the recipient with a subsistence allowance to cover living costs and mobility expenses to the host institution. Therefore, the ERS fellowship recipient is not an ERS employee, and ERS does not accept liability for the fellowship recipient’s actions, taxes, health, safety, or training expenditures. |
| [ ]  | I confirm that any publication or outcome related to the CTF at the home institution will acknowledge ERS support, such as “We acknowledge the financial support of the European Respiratory Society via a Clinical Training Fellowship 2024”. |
| [ ]  | I certify that I have carefully read all provisions for the home supervisor in the “ERS Clinical Training Fellowship Application Guidance 2024”. I understand those provisions and I agree to comply with them. |
| [ ]  | I understand that any infringement of the “ERS Clinical Training Fellowship Application Guidance 2024” 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 certify that, to the best of my knowledge, these statements are true and complete. I understand that ERS reserves the right to cancel ERS fellowships that have been awarded on incorrect information provided in the application, including this form. |

Please complete, sign and return this form with the required supporting documentation (if applicable) to the applicant. Candidates are required to submit the Home Supervisor Support Form through the online application platform.

Date: Click or tap to enter a date.

|  |  |
| --- | --- |
| Home supervisor signature:*handwritten or certificate-based signature mandatory* |       |