# Host Supervisor Acceptance Form

# ERS Clinical Training Fellowship (CTF) October 2025

The Host Supervisor Acceptance Form must be completed by the host supervisor. The host supervisor refers to the individual that will supervise and train the applicant throughout the fellowship. The host institution should provide administrative support for all practicalities before, during and at the end of the fellowship (housing, safety induction, etc.). The fellowship must fall between 1 March 2026 and 28 February 2027 with a duration ranging from 1 to 6 months maximum. Return to the home institution is mandatory.

The information included in this form must precisely match the details provided in the online application. In case of any discrepancies, the information on the online application platform will be considered definitive.

|  |  |
| --- | --- |
| Applicant name: |  |
| Clinical training title: |  |

|  |  |
| --- | --- |
| Host supervisor name: |  |
| Host institution legal name: |  |
| Department legal name: |  |
| City: |  |
| Country: |  |

Applicants that receive or will receive in part or in totality a monthly salary from their host 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 host institution during the period of the CTF. |
|  | Yes, I confirm that the applicant will receive a monthly income from the host institution during the period of the CTF of (please specify the NET amount in EURO after tax, social security, etc.): |
|  | In this case, the applicant will also be requested to upload a salary confirmation letter from the host institution. The letter must be written on the institution’s letterhead and includes the institution’s stamp, specifying the exact NET amount the applicant will receive in EURO per month.  I confirm that the host institution has provided a salary confirmation letter. |

The host supervisor is required to provide the applicant with a list of his/her most relevant educational and professional activities, as well as publications related to this clinical training. These details will be included in the online application.

|  |  |
| --- | --- |
|  | I confirm that the applicant has received a list of my most relevant educational and professional activities and publications related to this clinical training. |

Terms and conditions

|  |
| --- |
| I confirm that I have actively participated in the development of the clinical training plan together with the applicant. I have communicated with the applicant during the definition of the clinical training plan (face-to-face, phone call, web call, etc.) and I understand that a clear work plan description is essential for the evaluation of the application. I confirm that I have discussed and agreed in detail with all aspects of the fellowship with the applicant. |
| I have reviewed the applicant’s CV and I am willing to host and supervise the applicant. I have also checked in detail that the applicant meets the requirements terms of eligibility criteria and that the proposed clinical training plan is in line with the specific requirements of the fellowship. |
| I recommend the applicant and the proposed clinical training plan in the respiratory field to receive support from the CTF programme. |
| I understand that, as the host supervisor, I am the main person responsible within the host institution for the fellowship and that my engagement goes beyond scientific supervision and includes an overview of administrative procedures. If the applicant is selected, I will guarantee a smooth integration process and ensure that the fellowship recipient fully takes advantage of the training opportunities offered by the host institution. |
| I confirm, as host supervisor, that the host institution commits to guarantee support and adequate working conditions for the CTF fellowship recipient to carry out the proposed clinical training plan, including scientific supervision, adequate facilities and resources, as well as administrative assistance. |
| I certify that the proposed clinical training can be carried out successfully at this host institution in accordance with national and international guidelines on ethics, safety, animal usage, and any other regulation that may apply. |
| It is my assessment that the applicant has adequate fluency in the language spoken at the host institution to enable him/her to carry out the clinical training plan. |
| I understand that the CTF provides the fellowship recipient with a living allowance and a mobility allowance which will be transferred directly to the fellowship recipient. I understand that no further funding will be available towards the fellowship from ERS. |
| I understand that it is not possible for successful ERS fellowship recipients to combine a CTF with other grants from other funding bodies covering living and mobility allowance. Therefore, an ERS fellowship recipient cannot benefit, at the same time, from any other concurrently running stipend/salary nor fellowships granted from other funding sources for that purpose. |
| I confirm that the selected fellowship recipient will also be provided with career development support and training in clinical transferable skills. |
| I understand that the ERS fellowship recipient is not an ERS employee and that ERS does not accept liability for the fellowship recipient’s actions, taxes, health, safety, or training expenditures. |
| I confirm that as a host institution accepting an ERS fellowship recipient, the institution accepts the responsibility of protecting both itself and the ERS fellowship recipient as appropriate to the local/country norms and legislations, and normal needs of a guest worker. |
| I confirm that any publication or outcome related to the CTF at the host institution will acknowledge ERS support, such as “We acknowledge the financial support of the European Respiratory Society via a Clinical Training Fellowship 2025”. |
| I certify that I have carefully read all provisions for the host supervisor in the “ERS Clinical Training Fellowship Application Guidance October 2025”. I understand those provisions and I agree to comply with them. |
| I understand that any infringement of the “ERS Clinical Training Fellowship Application Guidance October 2025” 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.

Applicants are required to submit the Host Supervisor Acceptance Form through the online application platform by the call deadline.

**By signing this Host Supervisor Acceptance Form, I confirm that I have read, understood and accepted the above-mentioned terms and conditions.**

Date: Click or tap to enter a date.

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