# Home Supervisor Support Form

# ERS Short-Term Research Fellowship (STRF) October 2025

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 provided that the person can act as a referee and comment on the applicant’s work, in relation to the proposed research project. The fellowship must fall between 1 March 2026 and 28 February 2027 with a duration ranging from 1 to 3 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.

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| Applicant name: |  |
| Research project title: |  |

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| Home supervisor name: |  |
| Home institution legal name: |  |
| Home institution country: |  |

Applicants 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:

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|  | No, I confirm that the applicant will not receive any form of income from the home institution during the period of the STRF. |
|  | Yes, I confirm that the applicant will receive a monthly income from the home institution during the period of the STRF 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 home institution. The letter must be written on the institution’s letterhead and include the institution’s stamp, specifying the exact NET amount the applicant will receive in EURO per month.  I confirm that the home institution has provided a salary confirmation letter. |

Terms and conditions

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| I confirm the applicant has a formal connection/link to the home institution. |
| I agree to the applicant leaving the home institution for the duration of the STRF. |
| I confirm that a position will be available at the home institution for the applicant upon fellowship completion. |
| I recommend the applicant and the proposed research project in the respiratory field to receive support by the STRF. |
| I confirm that the technical training competences and skills to be acquired by the applicant in the host institution are not available in the home institution. |
| I confirm that the work plan will transfer methods, techniques, procedures, or data to the home institution. |
| I confirm that facilities, funds, and resources will be made available to the applicant, to enable him/her to continue working on the research objectives once back at the home institution. |
| I confirm that the applicant speaks the language used at the host institution at the appropriate level to conduct the project successfully. |
| I understand that the STRF 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 research expenditures. |
| I confirm that any publication or outcome related to the STRF at the home institution will acknowledge ERS support, such as “We acknowledge the financial support of the European Respiratory Society via a Short-Term Research Fellowship 2025”. |
| I certify that I have carefully read all provisions for the home supervisor in the “ERS Short-Term Research Fellowship Application Guidance October 2025”. I understand those provisions and I agree to comply with them. |
| I understand that any infringement of the “ERS Short-Term Research 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 Home Supervisor Support Form through the online application platform by the call deadline.

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

Date: Click or tap to enter a date.

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