



CLINICAL FELLOWSHIP (INITIAL) GRANT REQUEST FORM

(Fellows should complete this ONLY after reaching the host centre and return the form signed by the supervisor to ESPE Office by email (espe@eurospe.org) after which the initial 80% of the grant will be made to the fellow's bank account)

FELLOW DETAILS

First Name _____

Last Name _____

Address _____

Country _____

Postal code _____

Telephone _____

Email _____

HOST CENTRE DETAILS

Name _____

Address _____

Country _____

Postal code _____

Telephone _____

Email _____

Period

3 months

6 months

BANK DETAILS

Bank name _____

Bank address _____

SWIFT/BIC code _____

IBAN Number _____

Name of account holder _____

Address of account holder _____

BUDGET REQUEST

Please complete the below in discussion with your supervisor in the host centre after starting your fellowship. Authorisation signature of host supervisor is required for the funds to be transferred (The total grant for 3 months is 5000 Euros maximum and for 6 months is 9000 Euros maximum but the fellow doesn't have to necessarily use the full amount – most fellowships cost less than the total grant). Please note that no additional grant will be provided.

	<i>Expenditure Monthly</i>	<i>Total for</i>
		3 months 6 months
Travel costs [based on 1 return ticket, most economical transport]		
Visa and related costs		
Health Insurance (in the country of destination)		
Accommodation (housing on campus or outside) – please find the most economical accommodation as much as possible – expenses for family members will not be paid		
Pocket money (for food, local transportation and other expenses - maximum 500 Euros per month)		
Institutional fees or fellowship arranging fees in the host centre (if any)		
Other costs		
TOTAL		

Please note that all relevant bills/receipts should be submitted along with the final grant accountability report at the time of fellowship completion, so please enter the details as accurate as possible

Host Supervisor's name & Hospital _____

Host Supervisor's Signature & Date _____