



Training Fellowship- Application form

Family Name:	Date of Birth:	Professional qualification's:
Given Name:	Male/Female:	
Home Institutions (current work address):	Supporting Head of Department: Name:	
Present appointment:	Signature:	
Address of Hosting Institution and Department (where training will take place):	Provide in Annex I : supporting letter by head of Department	
Purpose of study period (abstract in less than 30 words). <i>Provide a more detailed statement (not more than 2 pages) in Annex II</i>	Proposed date of beginning and end	
Provide in Annex III: Full references of maximum 4 papers published over the previous 5 years, that are representative of your interest in clinical and/or diagnosis virology		
Provide in Annex IV: the name, address and other contact details of one ESCV member who agreed to act as a referee		
Provide in annex V: full Budget of study period, i.e Expenses: specify cost of travel, accommodation and (if applicable) subsistence; Income: list sums available or requested to cover for these costs (including the amount requested with ESCV). Provide information on the extent to which you will be able to cover for subsistence on the basis of a salary or other form of support		



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By filling this application, the applicant declares that all statements in and accompanying this application are correct and complete.

Applicants who receive and accept support from other sources to meet the full costs of their proposed study period are required to inform ESCV as soon as possible and, where ESCV has already transferred any allocated money, to return this in full or that part which is in excess of the stated sum needed. Applicants who should not undertake their study period after receiving the allocated money, are required to return the full sum.

A short report evaluating the usefulness of the supported study period is required

I agree to the above

Signature of applicant

Date