**APPLICATION FORM**

This form must be fully completed with the required documentation in order to be eligible for the fellowship award.

The full application in electronic form must be sent to IHS by email to [carol.taylor@i-h-s.org](mailto:carol.taylor@i-h-s.org)

**Application deadline: 20 April 2018**

Receipt of your application will be acknowledged. Notification will be sent to you by 1 June 2018.

**Required information**

1. **General**

|  |  |
| --- | --- |
| Name |  |
| Nationality |  |
| Date of birth |  |
| Full contact address |  |
| Current working address |  |
| Current status (training in headache, if no longer training, when training ended) |  |
| Email address |  |
| Telephone |  |

1. **Fellowship**

|  |  |
| --- | --- |
| Length of the fellowship |  |
| Proposed dates  (to commence before January 2019) |  |
| Proposed location |  |
| Institution name |  |
| Institution address |  |
| Mentor name\* |  |
| Mentor contact details |  |
| Title of proposed study |  |

*\* The applicant should not be currently working with the mentor*

1. **Financial information**

|  |  |
| --- | --- |
| Amount requested | * For remuneration & related costs: * For travel: * For subsistence (based on no. of days): * For other expenses (justify in full):   **Total amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Would you be granted paid leave of absence to take up this fellowship? | YES/ NO  If YES please state the amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Research details**

|  |
| --- |
| Reasons for choosing the host institution and mentor |
|  |

|  |
| --- |
| Aims and plan of the project |
| Please structure following the given template  Title:  Abstract: (<½ page)  Hypothesis and objectives: (< ½ page)  Background: (< 1 page)  Methods and statistical plan: (< 1 page)  Relevance: (< ½ page) |

|  |
| --- |
| Potential future impact of project on the headache field |
|  |

|  |
| --- |
| What do you expect to gain from the fellowship? |
|  |

|  |
| --- |
| Future impact of fellowship and project on your career |
|  |

1. **Required documentation (check list)**

* Updated c*urriculum vitae* of the applicant (including Academic record (degree, subject, institution, year, etc.)
* A clear fellowship proposal (documentation above)
* Two reference letters (other than the fellowship mentor)
* Updated c*urriculum vitae* of the fellowship mentor
* Completed mentor section (please see the last page of this document)
* Confirmation letter of the fellowship acceptance from the host institution and mentor

1. **Acceptance**

**I have carefully read and completed the above application form and attached all the requested documentation. If my application is successful I agree to abide by the rules and regulations for this award.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MENTOR SECTION**

**This section must be completed by the fellowship mentor IN CONFIDENCE AND MUST BE SENT INDEPENDENTLY from the remaiing full application and related documentation by email to** [carol.taylor@i-h-s.org](mailto:carol.taylor@i-h-s.org) **by 20 April 2018**

|  |  |
| --- | --- |
| Applicant’s name |  |
| Title of proposed study |  |

|  |  |
| --- | --- |
| Mentor’s name |  |
| Institution’s name |  |
| Mentor’s contact details | Address:  Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Applicant’s scientific ability and suitability for this fellowship |
|  |

|  |
| --- |
| Why is your institution appropriate to hold this specific fellowship? |
|  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_