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| **IHS FELLOWSHIP AWARD 2019****INFORMATION AND APPLICATION FORM** |

**Information for Applicants**

The IHS fellowship award aims to support innovative and impactful research from young investigators, promote the career of young investigators in the field of headache, and increase the knowledge base of headache disorders. Applications for basic or clinical headache research, or a combination of basic and clinical research, will be considered.

**The deadline for applications is 22 April 2019**; applicants will be notified within 2 months of the deadline. The fellowship should commence within 6 months of acceptance.

Applications received by the IHS Administrative Office will be evaluated to ensure they fulfil all the required eligibility criteria. Incomplete or incorrect applications will not be considered further. Complete and accurate applications will be submitted for evaluation to the IHS Fellowship Review Committee. Applicants will be informed of a definitive decision by email as soon as practical.

**Length of tenure:** Funding is provided for 1- and 2-year fellowships

**Value:** The award is designed to provide funding to cover the fellow’s salary costs based on the local economic context of where the fellowship is taking place. The maximum amount of the total yearly grant is GBP 50,000 (12 months).

Awards are to be received by the host institution – no administrative expenses should be deducted from the grant award. In exceptional circumstances (such as in the case that the host institutions will withhold administrative expenses) awards may be paid directly to the fellow in portions depending on progress reports approved by the mentor.

**Funding transparency:** The applicant must declare in advance to IHS if he/she will benefit from any other source of financing to complete the fellowship and also declare any funding received after being awarded the fellowship.

**Essential criteria:** Applicants must meet the following criteria to be considered for a fellowship award:

* The applicant and mentor must be members of IHS
* The applicant and mentor must be professionally involved in the treatment, research or management of headache disorders
* The applicant should be within 7 years of completing training (MD, PhD, specialty training, whatever was last) not including non-professional periods
* The applicant should not have previously received an IHS fellowship award
* The hosting institution must be different from the home institution and preferably, but not necessarily, in another country.
* The applicant should not currently be working with the future mentor. In special cases applications on this basis will be accepted if the current working period has been for less than 12 months
* No geographical restriction on the host institution shall be applied

**Application:** Each application must include:

* Updated *curriculum vitae* of the applicant (to include personal data, qualifications, language ability, academic training, clinical experience, research experience, honours achieved, full bibliography and any other material thought to be appropriate)
* Fellowship proposal following the template in the Aims and plan section
* Two reference letters (other than the fellowship mentor)
* Updated short c*urriculum vitae* of the fellowship mentor
* Confirmation letter of support and acceptance from the host institution or fellowship mentor (to include where appropriate a description of the clinical programme, hours of work, type of work, time in the office/hospital, level of patient care).

**Host organisation:** The host organisation must ensure that the award holder is made aware of his/her responsibilities during the fellowship. Failure to comply with these conditions may lead to termination of the award and the society reserves the right to recover the fund in part or fully.

**Data protection:** To meet the society’s obligations for member’s accountability, some details of Awards will be made available on the society’s website, reports, documents or mailing lists.

Protection of any intellectual property will be fully respected. Nevertheless, and with the consent of the award holder, the society may share the findings from the research fellowship with its members via its website or owned publications.

Application information will be shared only with the Fellowship Review Committee, and IHS Officers if deemed necessary.

**Reporting:** The award holder must submit an interim report on the completion of the first half of the fellowship, and a final report within 6 months following the end of the fellowship period. All reports must be signed and approved by the mentor.

All payments may be recovered if the report is not received within the 6 months of the end of the fellowship period.

**Data presentation:** The award holder must present the results of his/her research at the next IHS congress (IHC) following completion of the fellowship (unless the congress is held less than 1 month following submission).

**IHS contribution:** The society’s contribution to the accomplishment of the fellowship should be acknowledged in all publications or presentations related to the research.

**Insurance:** Any insurance-related matters for the duration of the fellowship will be the entire responsibility of the award holder.

**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

**Application deadline: 22 April 2019**

Receipt of your application will be acknowledged. Notification will be sent to you by 15 June 2019.

**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**

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| Length of the fellowship  |  |
| Proposed dates(to commence before January 2020) |  |
| 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**

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| Reasons for choosing the host institution and mentor  |
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| Aims and plan of the project  |
| Please structure following the given templateTitle:Abstract: (<½ page)Hypothesis and objectives: (< ½ page)Background: (< 1 page)Methods and statistical plan: (< 1 page)Relevance: (< ½ page) |

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| Potential future impact of project on the headache field |
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| What do you expect to gain from the fellowship? |
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| Future impact of fellowship and project on your career  |
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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 **by 22 April 2019**

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

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

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| Applicant’s scientific ability and suitability for this fellowship  |
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| Why is your institution appropriate to hold this specific fellowship? |
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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_