****

**Home Supervisor Release Form**

**ESRS Short-Term Research Fellowship**

**A) To be completed by the home supervisor**

Questions Responses

Name of applicant:

Name of country of host institute:

Name of home supervisor:

Applicants connection to home institute:

Estimated start date and finish date: From To

Is the applicant fluent enough in the language used at the host institute to ensure good communication? [ ]  Yes [ ]  No

If Yes, which language:

**B) Declaration of the Home supervisor**

 I testify that the candidate has a clear formal connection/link to the home institute to which the candidate will return at the end of the Fellowship. I authorize the candidate to leave the home institution during the planned Fellowship project period.

  I confirm that I have contributed to the development of the work plan and that I support it.

 I confirm that the work plan involves transferring skills, methods or procedures to the home institution when the candidate returns to the home institution. (Two-week training fellowship)

I understand that the ESRS Training grant/fellowship provides the recipient with a subsistence allowance to cover the candidate’s living costs and travelling expenses to the host institute. The candidate will therefore not be an employee of ESRS, and hence ESRS does not accept liability for their actions, health, safety or expenditures.

 I recommend the candidate and the proposed work plan for support by the ESRS Programme.

 I certify that any publication or outcome related to the Fellowship at the home institution will acknowledge the ESRS support (e.g. ‘Dr [candidate’s first name family name] is the recipient of a European Sleep Research Society xxxx Fellowship 20xx. The work leading to these results has received funding from the European Sleep Research Society.)

 I certify that the foregoing statements are true and complete to the best of my knowledge. I understand that ESRS reserves the right to cancel Fellowships that have been awarded on incorrect information in the application including this form.

Date: Home Supervisor name:

 Home Supervisor signature:

**Please complete, sign and return this form to the applicant**