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**Host Supervisor Acceptance Form**

**ESRS Short-Term Research Fellowship**

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

Questions Responses

Name of applicant:

Name of country of home institute:

Name of host supervisor:

Name and country of host institute:

Estimated start date and finish date: From To

**B) Declaration of the host supervisor**

 I confirm that I have developed the work plan together with the applicant and the home supervisor and that I support it. I understand that a clear work plan is essential for the evaluation of the application.

 I accept to provide the necessary materials, facilities and resources needed to complete the proposed work plan should the candidate be selected for funding.

 I confirm that I have reviewed the CV of the candidate, that I am willing to host and supervise him/her. I recommend the candidate and the proposed work plan for support by the ESRS Fellowship Programme.

I have also completed a personal interview with the candidate (face-to-face, telephone, or webcast)

 Yes   No  Other:..............................

 I hereby certify that the proposed work plan can be carried out successfully at this host institution in accordance with any regulations that may apply.

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

 I certify that I will ensure the fulfilment of both practical and training aspects which are relevant:

a. prior to the fellowship (administrative requirements for admission),

b. at the beginning (housing, safety),

c. during the fulfilment of the fellowship/training grant (training sessions, regular meetings, evaluations) and

d. during the follow-up of the fellowship/training grant (reporting).

 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: Host Supervisor name:

 Host Supervisor signature:

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