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**Host Supervisor Acceptance Form**

**ESRS Research Grant to Support Ukrainians**

**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 Grant 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 Grant will acknowledge the ESRS support (e.g. ‘Dr [candidate’s first name family name] is the recipient of a European Sleep Research Society xxx Grant 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 grant (administrative requirements for admission),

b. at the beginning (housing, safety),

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

d. during the follow-up of the 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 Grants 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**