

**ANNEX A - Application Form for the YEMD Fellowship Programme (Hosting Institution)**

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| **Name of the Hosting Institution** |  |
| **Type of Fellowship** | Clinical Fellowship  Clinical Research Work  Non-clinical Research Work  Non-clinical Fellowship |
| **Local Fellowship Coordinator’s name and contact details**  **(e-mail and telephone number)** |  |
| **Educational Supervisor’s name** |  |
| **Language** |  |
| **Duration of Fellowship** | Short term (1-2 Weeks)  Long term (2-6 Months)  Work (Paid or Unpaid) |
| **Job description** |  |
| **Application intake** | Rolling  Once annually  Twice annually |
| **Educational opportunities** |  |
| **Research projects currently active** |  |
| **Year of training of the applicants** |  |
| **Specific requirements** |  |
| **Level of insurance provided** |  |