

**APPLICATION FORM
BRACCO Fellowships 2020
RESEARCH
(4 months)**

Please submit this form to: esor@myesr.org

1) PERSONAL DATA

Prof./Dr./Mr./Mrs./Ms. (please indicate) ESR ID:.....
Female: Male:
First name: Family name:
Institution:
Street/no:
City: Zip Code: Country:
Phone: Email:

2) PROJECT (PLEASE SELECT FROM THE AVAILABLE TRAINING CENTRES)

First Choice (Project Nr. And Training Centre)
.....

Second Choice (Project Nr. And Training Centre)
.....

Proposed start date Proposed end date
The duration of the fellowship is 4 months

By submitting this application, I declare that the information supplied by me in this application and supporting documentation is complete, true and correct.

Moreover I agree that by submitting this application my personal data will be processed by the ESR according to the data protection information.

Date:

Signature:

APPLICATION CHECK LIST

BRACCO Fellowship 2020

**RESEARCH FELLOWSHIP
(4 months)**

Tick the boxes when you have completed the following steps:

- Signed application form
- ESOR Curriculum Vitae
- Motivation letter
- 2 letters of support

I agree that by submitting this application my personal data will be processed by the ESR according to the data protection information.

Date:

Signature: