

**APPLICATION FORM
ESOR AIM Fellowship
(3 months)**

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 3 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

ESOR AIM

RESEARCH FELLOWSHIP

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: