



THE EUROPEAN
SOCIETY FOR
CLINICAL
NUTRITION AND
METABOLISM

ESPEN RESEARCH FELLOWSHIPS 2020 APPLICATION FORM

DEADLINE FOR RECEIPT: 31st May 2020 at 1700 hours Central European Time

All parts of the application form MUST BE completed. Relevant signatures must be obtained before submitting.

Name of applicant: (Dr./Mr./Mrs./Miss/Ms)

Date of Birth:

Country of Citizenship:

Country of Residence:

Present Position:

Supported by (Name of employer):

Institution:

Address:

Telephone No. (+ country code):

Fax No. (+ country code):

Mobile No. (+ country code):

Email address:

ESPEN Membership (of Applicant) Username:

ESPEN Membership (of Supervisor) Username:

(NB: Only ESPEN members may apply. Both the applicant and the project supervisor must be ESPEN members)

Have you previously received an ESPEN Fellowship? (Yes/No)

NOTE: Any individual is only eligible to receive ONE ESPEN Fellowship

Educational qualifications (please list qualifications, awarding body and year of award):

Employment history (please start with most recent and state post, start and end date and institution):

Awards/Prizes received by the applicant:

List all peer reviewed publications of the applicant (please exclude those published only as abstracts):

Title of Project:

Project supervisor(s):

Other important co-workers:

Place (Institution, Laboratory) in which the study will be performed:

State clearly the reasons for requesting financial support. You must include a statement about the role of the Fellow.

BUDGET (in Euros): Full economic costing MUST be provided. If salary costs are requested, the salary point, basic salary, national insurance and pension contributions must be stated separately.

Note: the maximum award will be €40,000 – if you request more than this your application will be rejected

Note: ESPEN does NOT pay institutional overheads and these should NOT be requested

Personal Support of Fellow (Note: The Fellowships are NOT for support of other workers – if you request support for other workers your application will be rejected):

Materials (Give an itemized breakdown of realistic costs in relation to the protocol outlined):

Travel (Only in connection with pursuit of the project) (Note: You do not need to request funds to travel to the ESPEN Congress where you will present the outcome from your Fellowship – these costs are covered by ESPEN):

Other costs (Please itemize):

Total:

Is additional funding necessary for the project? (Yes/No)

If yes, have other research funds been obtained for the same project? (Yes/No).

If so, from whom? Please provide proof.

What other facilities are available which make success of the project likely?

The project is accepted by the Ethical Committee or Animal Experimentation Authority of:

(Please provide a copy of the letter of acceptance or licence. If Ethical approval has been applied for, please indicate the application number. Evidence of Ethical Approval/Submission must be submitted to dileep.lobo@nottingham.ac.uk before the fellowship). The money will not be awarded unless evidence of approval for the project is submitted before 31 August 2020.

An appropriate representative of the institution (preferably finance/grant manager and not the Head of Department/Supervisor) in which the study will be performed should confirm that the application may be submitted by signing below:

Signed:

Name:

Position:

Official Seal:

I hereby agree that if I am awarded a Fellowship I will present at the annual meeting of ESPEN the report dealing with the aims and results of this Fellowship within 3 years.

Signed:

Fellowship Applicant

Supervisor's Statement

I hereby agree that I am prepared to supervise the Fellowship applicant and that facilities are available at my Institution to enable timely completion of the project.

Signed:

Name:

Position:

Official Seal:

Please submit the COMPLETED form by email by 1700 hours (CET) on 31st May 2020 to Professor Dileep Lobo, Chair, Scientific Committee, ESPEN espen.fellowships@gmail.com with the subject heading: ESPEN Fellowship 2020 Application. You will receive acknowledgement of receipt.

SUMMARY OF RESEARCH PROJECT

Notes on preparation: No more than **1500 words** (excluding references) **OR** 1300 words + 2 tables or figures. **NB: Do not exceed this limit. Please include a word count.** Use a type font of 12 point. Please lay out your application as follows:

1. **Specific Aims** (i.e. identify what will need to be done to address the hypothesis).
2. **Study Design or Protocol** (i.e. how the Aims will be achieved, with due regard to numbers of patients or experiments needed to provide a definitive result given the likely variance).
3. **Methods** (describing, in sufficient detail for scientists from possibly different disciplines, the techniques involved).
4. **Time frame for the study** (start, completion of data collection and analysis, and preparation of report)

Please remember to place your proposal within the framework of its relevance to the scientific basis or practice of clinical nutrition and/or metabolism.

NB: FAILURE TO OBSERVE THESE RECOMMENDATIONS WILL RESULT IN THE APPLICATION BEING REJECTED.

SUPERVISOR DETAILS (only for main supervisor)

Name of Supervisor:

Position and Institution:

E-mail address:

Current Grants Held:

Ten Best Peer Reviewed Publications in the last 5 years (please include impact factor of the journal and no. of citations):