



Research Fellowship Award

Host Acceptance Form

To be completed by the applicant

Name of applicant:	
Name and country of home institution:	
Name of home supervisor:	
EAACI-JMA membership number:	
Name and country of host institution:	
EAACI fellowship sought <input type="checkbox"/> Long-term <input type="checkbox"/> Medium-term <input type="checkbox"/> Short-term	
Title of proposed project:	
Proposed start and finish dates:	Months in total:

To be completed by the home supervisor

Will the applicant receive any income (salaries, fellowships, travel grants, etc.) from the home institution during the period of the proposed fellowship? If yes, give details:
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- a. The EAACI fellowships provide the recipient with a subsistence allowance to cover the fellow's living costs and travelling expenses to the host institution. EAACI does not accept liability for their actions, health, safety or research expenditures. The host institution, in accepting the fellow, accepts the responsibility of protecting both itself and the fellow as appropriate to the normal needs of a guest worker, including adequate insurances. The host institution also accepts to provide the necessary materials and facilities. The fellow should not be obliged to pay any "bench fees" or any other financial contribution to the costs of the research.
- b. To the extent that the receiving institution is legally able, and in accordance with its policy, the results of any research involving the fellow will be made freely available in the scientific literature and will not be kept undisclosed, or their disclosure delayed, for non-scientific reasons.
- c. I am aware that as host supervisor I have to be a member of EAACI, or having applied for EAACI membership, at the time of application.



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- d. I hereby certify that the proposed project can be carried out successfully at this host institution within the parameters of national and international guidelines on ethics, safety, animal experiments, hands-on restrictions, etc.
- e. I agree to acknowledge the funding from EAACI in all publications made by the applicant as a result of this project.
- f. I certify that the foregoing statements are true and completed to the best of my knowledge. I understand that any false statement is sufficient cause for rejection of this application or for cancellation of a fellowship already awarded.

Date:

Home supervisor signature:

Please sign and return this form to the applicant.