**The EHDN and MDS-ES joint Fellowship Exchange Programme in  
Huntington’s Disease (HD-FEP)**

**2017**

Following two highly successful Fellowship Exchange Programmes in Huntington’s Disease (HD-FEP), EHDN in collaboration with MDS-ES (The International Parkinson and Movement Disorder Society’s European Section) will be awarding **NINE** grants of €1,500 plus travel expenses of up to €300 in 2017 for applicants to visit a **EHDN or MDS-ES centre with HD expertise in Europe**.

**TARGET GROUP:**

* Neurologists
* Psychiatrists
* Psychologists
* Physiotherapists
* Clinical Geneticists

**MAIN OBJECTIVES:**

* Clinical research
* Patient care activities
* Training
* Engagement
* Motivation
* Knowledge sharing
* Exchange of experience
* Communication
* Collaboration

**ELIGIBILITY**

**The applicant must be:**

* Under the age of 40, or less than five years since the award of their final professional qualification.
* A Board Certified Neurologist/Psychiatrist/Physiotherapist/Psychologist/  
  Clinical Geneticist, or in training for Board Certification. Priority will be given to applicants who wish to engage in clinical practice or research in HD, who have shown interest in HD (e.g. publications), and have a realistic prospect of remaining active in the HD field upon completion of the programme.
* Fluent in English or in the local language of the country to be visited.

***Note:*** *Awardees from previous years will not be eligible to re-apply.*

**FINDING A HOST INSTITUTION:**

The applicant should nominate a host institution or may ask EHDN Central Coordination (EHDN-CC) to identify a suitable placement. It is the responsibility of the applicant to verify that they are eligible to enter the chosen country in order to pursue the Fellowship, and to provide all necessary documentation to the host institution in order that honorary or observer contracts can be issued prior to the Fellowship. EHDN or MDS-ES cannot assist with visa applications.

It is highly recommended to suggest possible projects to the host institution of choice in order to increase the probability of being accepted.

**Host Institution must:**

* Be in EHDN or MDS-ES region
* Have a Department or Clinic (out- or in-patient) dedicated to HD
* Be a recognised centre with clinical and scientific competence in HD
* Have established an interdisciplinary team for HD care, i.e Psychologist, Clinical genetics, Psychiatrist
* Have access to co-therapeutic medical care services (physiotherapy, occupational therapy, dietician, speech therapist)

**Supervisor at Host Institution must:**

* Be a Neurologist/Psychiatrist/Psychologist/Clinical Geneticist/Physio-  
  therapist, in training for Board Certification with working experience in HD
* Show a sustained interest in HD (e.g. by publication, HD study participation)
* Show a continuous interest and activity in clinical research
* Have some experience in diagnosing and treating HD patients and families
* Be working in a teaching hospital with residents

***Note:*** *Priority may be given to applicants interested in working in underserved HD countries.*

**MATERIALS REQUIRED FOR APPLICATION**

The following documents must be submitted:

1. Completed application form
2. Curriculum vitae (maximum 3 pages)
3. Signed and dated recommendation from the Head Department of the home department
4. Acceptance from the Head of Department of the host institution, signed and dated (by HoD and Administrative Head)
5. Copy of applicant’s passport
6. Copies of applicant’s Professional degrees
7. Copy of applicant’s Professional registration document

## Application Procedure

The application should be sent by e-mail to: [fep@euro-hd.net](mailto:fep@euro-hd.net)

Awardees are expected to advise [fep@euro-hd.net](mailto:fep@euro-hd.net) of the upcoming dates of their placement when agreed with the host institution.

## Application Timeline

Applications for 2017 must be received no later than **Tuesday, 28 February 2017**.

The evaluation process will be completed by 30 March 2017. Applicants can expect an official reply by 30 April 2017.

Final Report

Fellowship grant recipients are expected to send a final report using the format provided to [fep@euro-hd.net](mailto:fep@euro-hd.net), no later than **two months** after completion of the Fellowship.

**Reimbursement**

Succesfully placed applicants will receive an upfront payment of 1500€ in order to support accommodation and living expenses for six weeks.

Travel expenses will be reimbursed up to 300€ upon receipt of the final Fellowship report and the original hardcopies of all receipts. Receipts that are issued per e-mail, such as flight tickets, may be sent as an e-mail or PDF. All other receipts, for example subway tickets or taxi receipts must be sent as original hardcopies.

***This programme is made possible through the generous support of CHDI Foundation, Inc.***

**FELLOWSHIP APPLICATION FORM**

1. Details of Applicant
2. Proposed Host Institution
3. Recommendation by Applicant’s Home Institution
4. Acceptance by Host Department
5. Final Report (to be filled out after Fellowship completion)

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| --- | --- | --- |
| **1. Details of Applicant** | | |
| Name: | | |
| Degree and date of degree: | | |
| Citizenship: | | |
| Home institution: | | |
| Address: | | |
| Tel: | | |
| Fax: | | |
| E-mail: | | |
| Head of department: | | |
| I am qualified to practice as a medical doctor in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*insert country here*) | | |
|  | | |
| ***Please tick the appropriate boxes below:*** | ***YES*** | ***NO*** |
| I am under the age of 40, or it is less than five years since the award of my final medical qualification |  |  |
| I am fluent in English |  |  |
| I have working knowledge of the language of the proposed host country |  |  |
| I am currently registered in a training programme neurology, psychiatry, psychology, physiotherapy or clinical genetics at the above institution |  |  |
| I have completed a training programme in neurology, psychiatry, psychology, physiotherapy or clinical genetics and am now working at the above institution |  |  |
| I have been actively involved in HD research/clinical practice, or have future project plans in HD research/clinical practice |  |  |
| I will receive no financial support for this Fellowship from any other party |  |  |
| I am an EHDN member |  |  |
| I am a MDS member |  |  |
| If any of the above criteria are not applicable, please explain here (details in the letter): | | |
| Please provide a short description of the professional and personal circumstances that would permit you to spend the duration of the Fellowship in the host country: | | |
| Please list particular clinical or research topics in HD in which you wish to gain experience: | | |

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| Upon a successful placement, you will receive an upfront payment of 1500€. Please provide your bank details below for the Fellowship funds to be transferred: |
| Name of account holder: |
| Adress of account holder: |
|  |
| Name of bank: |
| Address of bank: |
| IBAN: |
| BIC: |
| Account Number: |
| Branch sort code: |

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| 2. Proposed Host Institution |
| Name of head of department: |
| Name of supervising HD professional: |
| Institution: |
| Address: |
| Country: |
| Tel: |
| Fax: |
| E-mail: |
| It is the responsibility of the applicant to verify, prior to submitting the application, that they are entitled to enter the host country to take up the Fellowship. EHDN-FEP cannot assist with visa applications.  Applicants must liaise with the host institution to agree the dates for the Fellowship. |

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| 3. Recommendation by Applicant’s Home Institution | | |
| Head of department: | | |
| Institution: | | |
| Address: | | |
| Tel: | | |
| Fax: | | |
| E-mail: | | |
| I recommend  Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the joint EHDN / MDS-ES FEP in Huntington’s Disease. | | |
| At host department: | | |
| The applicant will be given leave of absence/study leave for the duration of the Fellowship.  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 4. Acceptance by Host Department | | | |
| Head of department: | | | |
| Fellowship supervisor: | | | |
| Institution: | | | |
| Address: | | | |
| Tel: | | | |
| Fax: | | | |
| E-mail: | | | |
| Name of applicant:  has been accepted for a joint EHDN / MDS-ES FEP in Huntington’s Disease at my/our department. | | | |
| Department name: | | | |
| Duration of the Fellowship: | | | |
| Expected date of commencement: | | | |
|  | | | |
| ***Please tick the appropriate box*** | ***YES*** | ***NO*** | |
| I/We confirm that I/we will work directly with the applicant to arrange the necessary observer contract/honorary contract for the applicant to attend HD clinics and ward rounds |  |  | |
| EHDN and MDS-ES will not be required to pay any institutional overhead charges with respect to this placement |  |  | |
| We **can** assist the applicant with finding suitable accommodation for the duration of the Fellowship |  |  | |
| Date Signature  Head of Department    Date Signature  Administrative Head of Institute | | | |

Please complete the following assessment form and return by e-mail to [fep@euro-hd.net](mailto:fep@euro-hd.net)within two months of completion of the Fellowship program.

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| 5. Joint EHDN / MDS FEP in Huntington’s Disease - Final Report | |
| Name: |  |
| Date of Fellowship: |  |
| Date report due: |  |
| 1. Please describe what you observed during your Fellowship in terms of patients and type of diseases seen: | |
| 2. Please describe the number and type of clinics and ward rounds that you attended: | |
| 3. Please describe the major learning outcomes of your Fellowship: | |
| 4. Please describe how the Fellowship will impact on your clinical or research practice: | |
| 5. Please comment on whether you will engage in Huntington’s disease (HD) as a result of this Fellowship: | |
| 6. If the structure of neurological services in your country does not allow for specialisation, please comment on how you hope to improve local service for HD patients as a result of this Fellowship: | |
| 7. Please comment on the application procedure; was everything clear and understandable, was EHDN staff helpful in answering your questions, what could be improved: | |

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| Upon receipt of the final report form, your travel expenses will be paid. Please provide your bank details (if different to the account already provided) below for the Fellowship funds to be transferred.  ***\*Note:*** *Receipts that are issued per e-mail, such as flight tickets, may be sent as an e-mail or PDF to* [*fep@euro-hd.net*](mailto:fep@euro-hd.net)*. All other receipts, for example subway tickets or taxi receipts must be sent as original hardcopies.*  Please send your original receipts to:  **Central Coordination EHDN**  **Universitätsklinikum Ulm**  **Oberer Eselsberg 45/1**  **89081 Ulm**  **Germany** |
| Name of account holder: |
| Adress of account holder: |
|  |
| Name of bank: |
| Address of bank: |
| IBAN: |
| BIC: |
| Account Number: |
| Branch sort code: |

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| --- | --- |
| **EHDN-FEP Application Grading Form *(to be filled out by reviewer)*** | |
| Name of applicant: | |
| Name of EHDN-FEP reviewer: | |
| ***Please grade the application using the following scoring system: NO: 0***  ***YES: 1*** | |
| Criteria | Score |
| Applicant’s intention to be engaged in Huntington’s disease clinical practice or research in the future |  |
| Suitability of the applicant to visit the selected host institution – communication in English or national language of the host center? |  |
| Applicant’s ability to spend six weeks away from work/home |  |
| Is the applicant under the age of 40, or less than five years since the award of final medical qualification? |  |
| Is the applicant a Board Certified neurologists, psychiatrists, psychologists, physiotherapists or clinical geneticists or in training for Board Certification? |  |
| Has the applicant been already involved in HD clinical/research or has a realistic plan to be involved upon completion of the program |  |
| Is the applicant from, and currently working in, a HD underserved country |  |
| Has a placement been confirmed by the proposed host institution? |  |
| Total score: |  |
| **Comments**: If the applicant has scored ‘0’ on any of the points above, please indicate reasons why you consider there is a basis for this application to be considered.  Please add a request if you need an assistance with identifying suitable host institution: | |