

EFSD

Albert Renold Travel Fellowship Programme Application

Deadline for Applications: 1 June 2023

Important! Please send your application as one complete PDF email attachment by 12:00 noon (CET) on the deadline date, to

foundation@easd.org

We only require an electronic version – please do not send paper copies.

You will receive an email acknowledging receipt of your application within three working days of submission. Should you have not received confirmation by then please contact the EFSD Office.

General Information:

- Albert Renold Travel Fellowships enable scientists and clinicians to travel and stay at other institutions in order to learn specific techniques or clinical skills required for the advancement of their diabetes research project and not available at their home institution.
- Applications may be made by any paid-up member of EASD, currently either in a PhD programme or having received their highest degree (PhD, MD, DMD, DVM, or equivalent) no more than five (basic scientist) or seven years (clinician) before 1 January in the year the Fellowship is awarded. Time periods spent on maternity/paternity leave, long-term illness or other exceptional circumstances will be taken into account, if adequate documentation is provided. Details on how to become a member can be found on the EASD website: www.easd.org.
- The home and/or the host institution must be based in Europe or a Europe-associated country (a list with associated countries can be found [here](#)), both must be non-profit and each must be in a different country.
- Applicants must be employed at their home institution during their award but may not hold a permanent appointment.
- The duration of the stay may be **up to 3 months**.
- Each Fellowship will be endowed with **up to Euro 8,000**. The funds must be transferred into a European non-profit institution.
- A letter of recommendation by the Head of the Department at current place of work (home institution) must be attached to this application.
- A letter from the host institution confirming the invitation to visit and describing the objectives of the stay must be attached to this application.

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- Successful applicants must travel within **9 months** of receipt of the Award. If this is not possible, special dispensation from this regulation must be sought in writing.
- Awardees will be expected to provide a **written report including a financial report with evidences (e.g., receipts) and a confirmation letter of stay** from the host institution on return to the home institution. The report has to be sent within **three months** after the visit has taken place.
- It is prohibited to remove sections or change the application form template. Incomplete applications will be rejected.

EFSD

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Tel: +49-211-75 84 69-0

Foundation@easd.org

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1. Applicant Info

Applicant (Full name):

Degree(s):

Institution name (anglicised version):

Institution address (anglicised version):

Telephone (direct extension, **no** switchboard):

Mobile phone (if no direct extension available):

E-mail:

EASD Membership No: (Mandatory):

Mandatory: A signed letter from the host confirming the invitation to visit must be attached to this application.

Host Name:

Host Institution:

Institution address:

Telephone (direct extension, **no** switchboard):

E-mail:

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Total budget requested: Euro _____

Intended date of travel: _____

Duration of stay: _____ Months

From (month / year): _____ To: _____

The nature of your research technique to be learned is: Basic ☐ Clinical ☐

Declaration:

I, the undersigned, declare that the information submitted is accurate and complete (to the best of my knowledge) and that I shall accept the regulations as stated above if this travel award is funded.

Signature Applicant: _____

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2. Statement of how the visit will benefit the applicant and the applicant's department

Please note that the intended purpose of the stay should be to learn a new technique to be used in basic or clinical diabetes research. This statement should answer the following questions:

- *Which specific technique(s) do you want to learn during the stay?*
- *How will your diabetes research project(s) and your home department benefit from your stay and the technique(s)?*
- *Why did you specifically choose your host institution to learn this technique?*

(Do not exceed 1 page in type no smaller than 11 point Arial)

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3. Biographical sketch:

Date and place of birth: _____

Education:

Name / location of college or university:

Highest degree: _____

Year conferred: _____

Field of study: _____

Date and nature of present appointment:

Research and / or professional experience:

Starting with your present position, list in **reverse chronological order** previous employment, experience and honours. List in chronological order the titles of and complete references to all publications during the past three years. Please also list earlier publications pertinent to this application. **(Do not exceed three pages in type no smaller than 11 point Arial.)**

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4. Budget

Please give a detailed account of your costs in Euros. If you are applying from a country outside the Euro Zone, please convert your local currency into Euros, using the exchange rate on the date of your application.

IMPORTANT: This fellowship programme does not cover costs for workshops, courses, seminars or conference visits, nor research costs (e.g., consumables, equipment), private activities (e.g., concerts, gym, etc.) or purchases which use extends beyond the stay (e.g., books, laptops, clothes etc.).

a) Budget Table

Travel Costs: (may also include costs for visa, please describe)	 TOTAL Euro _____
Accommodation: (please describe)	 TOTAL Euro _____
Living Expenses: (e.g., groceries, transportation ticket at host town, please describe)	 TOTAL Euro _____

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<p>Other Expenses: (e.g., travel health insurance if needed, please describe)</p>	<p>TOTAL Euro _____</p>
<p>TOTAL BUDGET REQUEST <i>May not exceed €8,000</i></p>	<p>TOTAL Euro _____</p>

b) Budget Justification

Please provide a justification for each item listed in the budget to show that the amount given is reasonable. It is understood that these costs are estimates.

This budget justification will be reviewed carefully and the Review Committee may on occasion and at its discretion recommend an award in a lesser amount considered more appropriate for the proposed travel.

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5. Financial Support

Have you received support through an EFSD award previously?

Yes: ☐ No: ☐

If yes, please provide the following information for each award:

Name of EFSD programme making the award: _____

Title of project: _____

Project start date: _____ Project finish date: _____

Final report submitted?

Yes: ☐ No: ☐

6. Letter of recommendation by the Head of the Department at current place of work (home institution).

IMPORTANT! Letters must be dated, printed and signed on institutional letterhead and attached to the application.

7. Letter from the host institution describing the objectives of the stay

Please note the intended purpose of the stay should be to learn a new technique to be used in basic or clinical diabetes research.

IMPORTANT! Letters must be dated, printed and signed on institutional letterhead and attached to the application.