

## **EHDN and MDS-ES joint Fellowship Programme in Huntington's Disease (HD-FEP) 2019**

The Fellowship Programme in Huntington's Disease (HD-FEP) continues in 2019. In collaboration with the International Parkinson and Movement Disorder Society's European Section (MDS-ES) EHDN will be awarding **SIX** grants of €1,500 plus travel expenses (up to 300€\*) for applicants to visit an **EHDN or MDS-ES centre with HD expertise in Europe**.

The objective is to provide fellows with experience in a variety of different aspects of HD, for instance and in particular, **clinical care**. The placement will be for a period of 6 weeks (5 days/wk) to visit as an observer. Priority will be given to applicants who are already engaged in clinical practice or research in HD and have a realistic prospect of remaining active in the HD field following completion of the programme. Priority will also be given to applicants coming from countries/regions where HD facilities or a specific aspect of HD care is not well developed.

### **TARGET GROUP**

- Neurologists
- Psychiatrists
- Psychologists
- Physiotherapists
- Clinical Geneticists

### **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.
- Fluent in English or in the local language of the host country.

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

*\*If expected travel costs exceed the maximum reimbursement amount, applicants can submit their total expenditures for **prior approval** (in advance of incurring costs). Full coverage of travel costs can be granted in exceptional cases.*

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



### **FINDING A HOST INSTITUTION:**

The applicant should make arrangements with a potential host institution with HD expertise. Where this is not possible, they may ask EHDN Central Coordination ([fep@euro-hd.net](mailto:fep@euro-hd.net)) to help 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. In the case of a positive evaluation, it is the responsibility of the candidate to arrange his/her travel and accommodation.

### **The Host Institution must:**

- Be in EHDN or MDS-ES region
- Have a department or clinic (out-or-in patient) dedicated to HD, with opportunity for a fellow to observe a variety of HD patients in a 6 week period
- Be a centre with clinical and scientific competence in HD
- Have established an interdisciplinary team for HD care, i.e Neurologist, Psychologist, Clinical genetics, Psychiatrist. One of the team needs to be assigned as supervisor to the fellow.
- Have access to co-therapeutic medical care services (physiotherapy, occupational therapy, dietician, speech therapist)
- Agree a proposed placement with the applicant and indicate willingness to host the applicant by completing signature page of the application form.

## APPLICATION SUBMISSION CHECKLIST

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 Head of Department 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 email to: [fep@euro-hd.net](mailto:fep@euro-hd.net)

### Application Timeline

Applications for 2019 must be received no later than **Friday, March 15, 2019**.

The evaluation process will be completed and applicants can expect an official reply by the first week of May 2019.

### 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. Applicants will also be requested to send photos from the fellowship experience and may also be asked to participate in promotional activities for future programmes. e.g. provide information for newsletter, short video clip, etc.

A short report will also be requested from the host institution after the fellowship.

### Accommodation/Living Costs and Travel Reimbursement

Successfully placed applicants will receive an upfront payment of 1,500€ in order to support accommodation and living expenses for six weeks.

Travel expenses will be reimbursed up to 300€\* (economy travel). In order to receive the travel reimbursement the following documents should be forwarded:

- final Fellowship report
- report from the host institution
- all original hardcopies of travel receipts (receipts that are issued per e-mail, such as flight tickets, can be sent as an e-mail or PDF. All other receipts, for example subway tickets or taxi receipts must be sent as original hardcopies)

*\*If expected travel costs exceed the maximum reimbursement amount, applicants can submit their total expenditures for **prior approval** (in advance of incurring costs). Full coverage of travel costs can be granted in exceptional cases.*



## FELLOWSHIP APPLICATION FORM

1. Details of Applicant
2. Proposed Host Institution
3. Recommendation by Applicant's Home Institution
4. Acceptance by Host Department

### 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 _____ ( <i>insert country here</i> )

<b><i>Please tick the appropriate boxes below:</i></b>	<b>YES</b>	<b>NO</b>
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		
<p>If any of the above criteria are not applicable, please explain here (details in the letter):</p>		
<p>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:</p>		
<p>Briefly describe particular clinical or research aspects of (in) HD in which you wish to gain experience:</p>		



## 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.



### 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:

<i>Please tick the appropriate box</i>	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 <b>can</b> assist the applicant with finding suitable accommodation for the duration of the Fellowship						
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