**Neurodiab 2024 Fellowship Application**

Deadline for Applications: 15th of April 2024

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

[**secretariat@neurodiab.org**](mailto:secretariat@neurodiab.org)

**We need an electronic copy only – 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 Neurodiab Office at the same email address.

**General Information:**

* Unless specified otherwise, the present (home) and/or the host institution (if applicable) should be based in Romania.
* The applicants have to be doctor resident in the speciality of diabetes, nutrition and metabolic diseases, neurology, internal medicine, family medicine, cardiology, for at least one year in the education program or a young specialist in the given domains (maximum 3 years from the specialty exam).
* You need to attach a Letter of Support from your supervisor/mentor to this application.
* You need to attach a letter of motivation
* All applicants to this programme must be a paid-up Neurodiab member. Details of becoming a member can be found on the Neurodiab website: [www.neurodiab.org](http://www.neurodiab.org).
* The application must be filled in English language
* The application must be filled only by computer writing

**1. Applicant Information**

Please note Neurodiab will be contacting you by email.

Applicant (Full name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobil Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** **Declaration**

Declaration: We the undersigned declare that the information submitted is accurate and complete (to the best of our knowledge,) and that we shall accept the Neurodiab Regulations as stated on the Programmes section of the Neurodiab website if this application is funded.

***I understand that if this application is funded, I will represent the Neurodiab to the Summer School in Diabetic Neuropathy. I will attend all the lectures and all the workshops.***

Signature: Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Stamp: Administrative official (e.g. Dean, Head of Department)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** **Neurodiab Fellowship 2024**

**Letter of motivation**:

**NAME:**

**INSTITUTION:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please describe in **250-300 words** in type no smaller than 12 points Arial the following:

1. Objective(s) of participanting to this training programme
2. Background and status of your work/research in the field of diabetes and its complications.

* Be careful and honest in describing the background and the interest.
* It is important that the reader gets a feel of your activities. Which gap in knowledge is being filled by the attending of the teaching course?

**4. Biographical Sketch:**

This part must not exceed 3 pages in Arial 12 points, single line spacing. List your education and employment in **reverse chronological order**. 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. If a complete list of publications exceeds the three-page limit, you should choose those most pertinent to this application.

**NAME:**

**INSTITUTION:**

Date of birth: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:**

Name/location of university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year conferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Research and / or professional experience:**

**Letter/s of Support (to be attached to the application)**

1. For all applications, please attach a letter of support from your current supervisor/mentor.