

SHEILA SHERLOCK 2010 SHORT-TERM FELLOWSHIPS

INFORMATION FOR APPLICANTS

The Dame Sheila Sherlock EASL Fellowship program is open to all registered EASL members and aims to enhance the mobility of investigators within different European institutions and actively promotes scientific exchange among research units in Hepatology.

A maximum total yearly grant of **24,000 EUROS** (12 months @ 2,000 EUROS) is divided among the number of selected awardees and according to the length of each project requested by the applicants. Fellowships must not exceed a period of 3 months.

APPLICATION & CONDITIONS

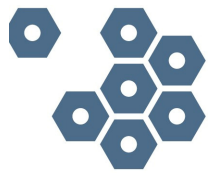
- Application deadlines are **September 15** and **March 15** of each year.
- Applicants are notified within 2 months of the deadline application.

The following conditions should be satisfied:

- The applicant must be a registered EASL member.
- The applicant must not hold a permanent position.
- The hosting institution shall be different from the home institution
- The home institution shall be European
- No geographical restriction on the hosting institution shall be applied.
- The head of the home research unit shall be an EASL member.
- There will be no restriction on the applicant's nationality.

The application should include:

- a complete CV
- 2 reference letters
- a letter of support from the hosting institution
- a structured application



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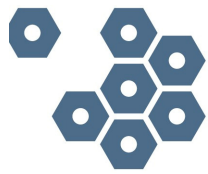
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How to apply:

- Please complete the application form with your personal details, a project title and detailed project summary, and **e-mail** to easloffice@easloffice.eu by the stated deadlines.
- All requested documents should be sent as attachments to the same e-mail address.
- Faxed applications will not be accepted.

**Deadline for receipt of all documents at the EASL Office:
March 15th and September 15th**

EASL Office, 7 rue des Battoirs
CH 1205 Geneva - Switzerland
Ph. +41 22 807 03 60 Fax. + 41 22 328 07 24
Email: easloffice@easloffice.eu Homepage: www.easl.eu



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SHEILA SHERLOCK 2010 FELLOWSHIPS – SHORT TERM APPLICATION FORM

APPLICANT'S DETAILS:

EASL membership number: _____

Surname: _____

First name: _____

Date of birth: _____ Present position: _____

Affiliation: _____

Head of the home research unit's EASL membership number: _____

Address for correspondence: _____

Telephone: _____ Fax: _____ E-mail: _____

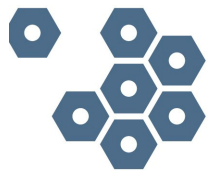
Hosting institution: _____

Head of department: _____

PROJECT TITLE:

LENGTH OF PROJECT (max 3 months):

PROJECT SUMMARY: *(please continue on separate pages if necessary)*



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