



**SOCIÉTÉ INTERNATIONALE DE NÉPHROLOGIE
INTERNATIONAL SOCIETY OF NEPHROLOGY**

**Fellowship Program
Application Form - F 1**

Note: It is essential to fill all required sections of this application. All information is required to be typed or printed in black ink.

Name: _____ **Gender:** Male Female
First Middle initials Last

Date of Birth _____ **E-mail:** _____ **Fax:** _____
Day Month Year

Home Institution: _____ **Country** _____
Submission of a written approval and guarantee of employment upon completion of training is mandatory

Department Director: _____ **Tel.** _____
Address: _____ **Fax.** _____
 _____ **e-mail** _____

Home Mentor: _____ **ISN member?** **Tel.** _____
Address: _____ **Fax.** _____
 _____ **e-mail** _____

Host Institution: _____ **Country** _____
Obtaining a written approval for training is mandatory

Host Mentor: _____ **ISN member?** **Tel.** _____
Address: _____ **Fax.** _____
 _____ **e-mail** _____

Please make sure that you enclose the following documents with your application

Document Checklist		For Office Use Only Please do not write in this area
1	Curriculum Vitae	<input type="checkbox"/>
2	Letter of Nomination from Home Institution's mentor	<input type="checkbox"/>
3	Recommendation letter from Home Institution	<input type="checkbox"/>
4	Second recommendation letter from Home Institution	<input type="checkbox"/>
5	Letter from the Home Institution's Director guaranteeing your re-employment after completion of training	<input type="checkbox"/>
6	Letter of acceptance from Host Institution's Director	<input type="checkbox"/>
	Evidence of successful completion of proficiency examinations or requirements to host countries regulations	<input type="checkbox"/>
		Received: _____

This form, duly filled and signed by all parties concerned, and all required documents must be submitted to the ISN Global Headquarters Office **before the end of January or the end of July** in order to be considered by the Selection Committee in April or October respectively. Submission by airmail, fax or e-mail is accepted (*original documents may be e-mailed as PDF files*).

Address: ISN Global Headquarters – An Devriese- 7 Avenue des Gaulois – 1040 Brussels – Belgium
 Tel: +32.2.743.1546 – Fax: +32.2.743.1550 – Email: info@isn-online.org - Web site: www.isn-online.org

Background Qualification				Please do not write in this space Reserved for reviewer's scoring and comments
<i>Please attach Complete CV; use blank sheets of paper if you need more space</i>				
	Year	Institution	Speciality	
Graduation				
Post-graduate				
Post-graduate Degrees relevant to the objective of requested training				
Title		Institution	Date	
Experience in the field of required training				
Training in home institution				
From	To	Field	Mentor	
Training in foreign institutions				
Institution	From	To	Supervisor	
Collaboration with other institutions in the field of required training				
Institution	From	To	Collaborators	
Publications in the field of required training				
<i>Please cite the most important two publications and attach a list of others if any</i>				
1				
2				
Administrative agreement:				
<i>To be filled and signed by Home and Host mentors.</i>				
Duration required for Training:		<input type="text"/> Months	Starting: <input type="text"/>	
<i>Training must start later than 2 months following the date of awarding the grant (May or November)</i>				
Financial benefits provided by Home Institution:				
<i>May be taken as an item of preference for selection</i>				
Travel	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Monthly stipend over regular salary at home: US\$ <input type="text"/>	
Other	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Facilities provided by Host Institution:				
<i>May be taken as an item of preference for selection.</i>		<i>Please provide terms whenever applicable:</i>		
Travel	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Accommodation / meals	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Local transportation	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Support for Meetings	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Health Insurance	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Stipend	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Other Sponsors				
Name			Nature of Sponsorship: <input type="text"/>	

General Information for Applicants

This form (F1) may be used for application to: a) The International Fellowship Training Program for 3- 12 months; or b) The Brief Visit Program for training of physicians, nurses or technicians for 8-12 weeks.

Guidelines for application:

- (1) *Fellowship awards shall be granted only to persons working in “emerging countries”, being defined as those with an annual GNP less than 10,000 US\$. **Their home mentors must be members of ISN.***
- (2) *Applicants for 12-month fellowships must be under the age of 40 years. Those for short-term scholarships may be older. In both cases, priority is given to younger applicants.*
- (3) *Applicants must provide evidence of acceptance into a recognised and suitable training program **under supervision of an ISN member.***
- (4) *They must be able to read and speak the language of the host country. An interview may be required to assess verbal fluency. They must be eligible, by due certification, for clinical practice in the host country.*
- (5) *They must have received sufficient training in internal medicine or other fields to pass all host country examinations that are necessary for the care of patients.*
- (6) *Fellowship will be offered primarily for clinical training. In certain circumstances research training may be allowed, provided enough justification is given in the relevant section of this form.*
- (7) *Clinical training programs should be practical in their orientation, and applicable to the needs and conditions of the home country. The ability of the host institution to provide such training will be an important factor in the selection process. Details of the training program, as provided in this form, constitute a major factor in selection.*
- (8) *The applicant must provide evidence of a guaranteed position in a medical institution upon return to the home country.*
- (9) *Fellows will receive a stipend from the Society that may vary according to the duration of training, the host country, and the financial support provided by either home or host country if this is taken as a preferential factor in their selection. Roundtrip travel funds for the Fellow and his or her immediate family cannot be provided by the Society. ISN does not pay the host institution any tuition for training, teaching courses, examinations etc.*
- (10) *The applicant must return to his/her home country upon completion of approved training. If he/she does not return to take up his/her duties in the home country within 6 months upon completion of the fellowship training, he/she will be obliged to refund the ISN fellowship award in full.*

Specific instruction can be obtained by writing to the ISN Global Headquarters at the following address:

**ISN Global Headquarters
Attn: An Devriese
7 Avenue des Gaulois
1040 Brussels, Belgium**

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