**HFA GRANTS APPLICATION**

**DOCUMENT FOR FUTURE SUPERVISOR**

**INSTRUCTIONS:**

*Dear applicant,**please complete the applicant section and forward the present document for completion to your proposed* ***future supervisor****. Once completed please include and upload it to your online application.*

**APPLICANT**:

**First name**: Click or tap here to enter text. **Last name**: Click or tap here to enter text.

**Project**: Choose an item.

**FUTURE SUPERVISOR:**

*The applicant has applied for an HFA Grant for a project to be held in your Department. Please read the regulations for the HFA Grants programme and provide the following information to the Heart Failure Association of the ESC.*

1. **Length of time you have known the candidate**

Click or tap here to enter text.

1. **The amount granted by the HFA is supposed to cover the running expenses (including daily subsistence of the granted applicant). Can this amount cover the cost of the proposed project period?**

Click or tap here to enter text.

1. **If the amount is not sufficient, from which source(s) will the deficit be covered?**

Click or tap here to enter text.

1. **Describe the way the proposed project will be developed (and, if applicable, the planned contribution of the applicant**

Click or tap here to enter text.

1. **State your view on the candidate's ability and suitability for (further) Research or Training and on any relevant points which you consider would be helpful to the HFA**

Click or tap here to enter text.

**THIS QUESTION APPLIES ONLY TO CLINICAL APPLICANTS**

1. **Would an honorary clinical contract be sought for the candidate?** Choose an item.

If YES, please indicate:

1. Level: Click or tap here to enter text.
2. Number of sessions: Click or tap here to enter text.
3. Specialty: Click or tap here to enter text.
4. health authority: Click or tap here to enter text.
5. **Head of Department or Supervisor’s contact details**

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| --- | --- | --- | --- |
| **First name:** | Click or tap here to enter text. | **Last name:** | Click or tap here to enter text. |
| **Title**: | Click or tap here to enter text. | **Email:** | Click or tap here to enter text. |
| **Name and address of your institution and department:** | | | |
| Click or tap here to enter text. | | | |

1. **Declaration (please tick the box)**

I am aware that an award under this scheme is normally administered through the medium of a fixed-term contract of employment for the period of the Grant, entered between the Grant recipient and the host institution. I confirm that I support this application and that if an award is made, the candidate would be accepted in the Department in accordance with the regulations and terms of employment for HFA Grants.

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| **Signature of Supervisor** | **Date** |
| **Shape  Description automatically generated with low confidence** | Click or tap to enter a date. |