**HFA GRANTS APPLICATION**

**DOCUMENT FOR HEAD OF DEPARTMENT OR SUPERVISOR**

**INSTRUCTIONS:**

*Dear applicant,**please complete the applicant section and forward the present document for completion to your* ***current*** *Head of Department or 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.

**HEAD OF DEPARTMENT or SUPERVISOR:**

*The applicant has applied for an HFA Grant. Please provide the following information to the Heart Failure Association of the ESC.*

1. **Applicant's clinical ability and suitability for a Grant, the primary purpose of which is to support for a (further) period of research or training**

Click or tap here to enter text.

1. **Appropriateness of proposed project and centre**

Click or tap here to enter text.

1. **Head of Department or Supervisor’s contact details**

**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 department:** Click or tap here to enter text.

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| --- | --- |
| **Signature of Head of Department or Supervisor:** | **Date:** |
|  | Click or tap to enter a date. |