



Società Italiana di Pneumologia/Italian Respiratory Society (SIP/IRS)

Email: segreteria@sipirs.it - Website: <https://www.sipirs.it/>

Home Supervisor Release Form

Please complete, sign and return this form with supporting documents to the applicant.

To be completed by the Home supervisor

Name of applicant:		
Name and country of Host institute:		
Name of Home supervisor:		
Name and country of Home institute:		
Title of proposed research project:		
Proposed start and end dates: START DATE:	END DATE:	= Total months
Is the applicant fluent enough in a language used at the Host institute to ensure good communication? If yes, which language:		
Will the applicant receive any income (Salaries, Fellowships, Travel grants, etc.) from the Home institute during the period of the proposed Fellowship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please give the monthly <i>net</i> amount in EURO: (<i>earned after deductions, such as income taxes, social security, etc.</i>).		

Documents/proofs to be provided by the Home supervisor to the candidate:

Please supply the candidate with your personal: - Short CV (2 pages max. including strictly the supporting grants received in the past 5 years and/or those of specific interest for the support of the candidate's project) - List of publications (3 pages max. with the 10 most important/relevant for this application listed first)
Please provide an official letter written on the Home institute's letterhead paper with your signature and institute's stamp stating the exact net amount the candidate will receive in EURO per month from the Home unit during the proposed Fellowship period. If the candidate won't receive any income please provide statement in the letter mentioned above.



- I testify that the candidate has a clear formal connection/link to the Home Institute to which the candidate will return at the end of the Fellowship. Please specify which:
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- I authorize the candidate to leave the Home institute during the planned Fellowship project period.
- I confirm that a position will be open to the candidate upon completion of the Fellowship.
- I confirm that the technical research competences/skills to be acquired by the candidate in the Host Institute are not available in the Home Institute.
- I confirm that I have contributed to the development of the research project and support the proposed work.
- I confirm that the project will transfer methods, techniques or research data to the Home institute.
- I confirm that the project will lead to research activities and developments in the Home unit after Fellowship, when the candidate returns to the Home institute.
- I confirm that facilities, funds and resources will be made available to the Fellow upon return, in order to enable him/her to conduct research projects back at the Home unit.
- It is my assessment that the proficiency of the candidate in the working language at the proposed Host institute is sufficient to make it possible to do the project.
- I understand that the SIP / IRS Fellowships provides the recipient with a subsistence allowance to cover the Fellow's living costs and travelling expenses to the Host institute. The Fellow is not, therefore, an employee of the SIP / IRS, and hence the SIP / IRS does not accept liability for their actions, health, safety or research expenditures.
- I recommend the candidate and the proposed project for support by the SIP / IRS Fellowship Programme.
- I certify that any publication or outcome related to the Fellowship at the Home institute will acknowledge the SIP / IRS support (e.g. 'Dr [*fellow's first name family name*] is the recipient of a SIP / IRS Fellowship 2026 Asthma and COPD. The research leading to these results has received funding from the SIP / IRS)



- I certify that I have carefully read all provisions for the Home supervisor in the “SIP / IRS Research Fellowship 2026 Asthma and COPD – Rules and regulations”, that I understand these provisions and that I agree to abide by each and every one.
- I certify that the foregoing statements are true and complete to the best of my knowledge. I understand that SIP / IRS reserves the right to cancel Fellowships that have been awarded on incorrect information in the application including this form.

Date:

Home supervisor name:

Home supervisor signature:

Please complete, sign and return this form with supporting documents (CV, publication list, Fellow’s salary status) to the applicant.