



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

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

Host Supervisor Acceptance Form

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

To be completed by the Host supervisor

Name of applicant:		
Name and country of Home institute:		
Name of Host supervisor:		
Name and country of Host institute:		
Title of proposed research project:		
Proposed start and end dates: START DATE:	END DATE:	=
Total months		
Will the applicant receive any income (salaries, Fellowships, travel grants, etc.) from the Host 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 & signed by the Host supervisor to the candidate:

Please supply the candidate with your personal: - Short CV (2 pages max. including 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 Host 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 Host unit during the proposed Fellowship period. If the candidate won't receive any income please provide statement in the letter mentioned above.



I confirm that I have developed the project description together with the applicant and the Home institute's Supervisor. I understand that a clear project description is essential for the evaluation of the application.

I accept to provide the necessary materials, facilities and resources needed to complete the proposed research project should the candidate be selected for funding. I understand that SIP / IRS does not provide "bench fees" or any other financial contribution to the operational costs of the research.

I confirm that I have reviewed the CV of the candidate, that I am willing to Host and supervise him/her. I recommend the candidate and the proposed project for support by the SIP / IRS Fellowship Programme.

I have also completed a personal interview with the candidate (face-to-face, telephone, or digitally)

Yes No Other:.....

I understand that the SIP / IRS Fellowship 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. The Host institute, in accepting the Fellow, accepts the responsibility of protecting both itself and the Fellow as appropriate to the normal needs of a guest worker.

To the extent that the receiving institute is legally able, and in accordance with its policy, the results of any research involving the Fellow will be made freely available in the scientific literature and will not be kept undisclosed, or their disclosure delayed, for non-scientific reasons.

I hereby certify that the proposed project can be carried out successfully at this Host institute in accordance with national and international guidelines on ethics, safety, animal experiments, hands-on restrictions, and any other regulations that may apply

I certify that any publication or outcome related to the Fellowship will acknowledge the SIP / IRS support (e.g. e.g. 'Dr [fellow's first name family name] is the recipient of a SIP / IRS Fellowship 2026. The research leading to these results has received funding from the SIP / IRS).

I certify that I will ensure the fulfillment of both practical and scientific aspects which are relevant in the beginning (responsibilities which include availability of laboratory and office space; ability/facilities to conduct the projected research; verification that health & safety issues are taken care of; assist the Fellow in housing and other practical issues such as visa requirements, registration with the university, opening a bank account, finding appropriate schools for the Fellow's children, taxation issues etc.), during the completion (regular meetings,



evaluations, mid-term reports) and at the end/during the follow-up of the Fellowship (questionnaires, reports).

I certify that I have carefully read all provisions for the Host supervisor in the “SIP / IRS Research Fellowship 2026 Asthma and COPD– Rules and regulation”, 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:

Host supervisor name:

Host supervisor signature:

Please complete, sign and return this form with supporting documents to the applicant (CV including major grants and list of publications).