

Applicant

Name*

Address*

Postal code/ City*

Email*

Year of
birth

Phone

Expected start
of visit*

Duration

Total budget
for visit (€)*

Requested Scholarship
support(€)*
(max 2500 euro)

Host organisation

Organisation*

Department

Country*

Home organisation

Organisation*

Department

Country*

Please complete this form and attach:

1. Letter of support from the host organisation
2. a. In case of an outgoing scholarship a letter of recommendation from study supervisor at Dutch university/college (students) or place of work
b. In case of an incoming scholarship a letter of recommendation from the home organization (university/college or place of work)
3. Budget: including estimated total costs and requested scholarship support

Employment and qualifications

Short Biography

Description of study or placement for which the scholarship support is requested

How will the study contribute to furthering transfusion medicine, blood collection and manufacturing practices or other activities related to blood transfusion?

Summary of the proposed study or placement activities
(background, objectives, approach/method, anticipated results)

Personal learning or result objectives

Additional remarks

Signature (applicant)

Signature (supervisor, if applicable)