**SHER PhD/Post-doc Fellowships**

**Confirmation by Home Institution**

(This form may only be filled in by authorized staff at your institution)

|  |  |
| --- | --- |
| Name of applicant |  |
| Complete name of your institution |  |
| Address |  |
| E-mail, website |  |
| Name of signatory |  |
| Position of signatory |  |

**In the name of our institution, I hereby confirm that** (please tick where applicable):

|  |  |
| --- | --- |
| The applicant named above is currently employed at our institution.\* |  |
| The applicant will be (re-)employed after the completion of their project / studies in Austria. |  |
| Our institution supports the proposed topic (see proposal) for the applicant’s project / studies in Austria. |  |

\* If the applicant is not employed but has another affiliation with your institution (through projects, studies, etc.), please describe in the last section ‘additional information’.

**The proposed topic is in line with the training curriculum and/or development plan of our institution:** (if yes, please state below)

|  |
| --- |
|  |

**Has there been any cooperation with Austrian institutions before?**

|  |  |
| --- | --- |
| Yes | No |

**If yes, please name the respective institution(s) and briefly describe the cooperation:**

|  |  |
| --- | --- |
| Name of Austrian institution(s) |  |
| Contact person or partners at Austrian institution |  |
| Short description of cooperation(s) |  |

**Additional information & comments:**

|  |
| --- |
|  |

Place, date Signature and stamp of the institution