BASS Short-Term Research Fellowship and Travel Grant Forms

1. Travel Grant Form

Applicant Information:

- Full Name:
- Address:
- Phone Number:
- Email Address:
- Profession (MD, psychologist, nurse, physiotherapist, etc.):

Host Institution Information:

- Institution Name:
- Address:
- Supervisor's Full Name:
- Supervisor's Position:
- Contact Information:

Travel Details:

- Planned Start Date:
- Planned End Date:
- Purpose of Visit (1 page) :

Attachments:

- Host Supervisor Acceptance Letter
- Scanned Copy of Applicant's ID Card/Passport
- Detailed Cost Calculation Form

Declaration: I declare that the information provided is accurate and complete.

Signature:

- Applicant's Signature:
- Date:

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2. Research Project Form

Applicant Information:

- Full Name:
- Address:
- Phone Number:
- Email Address:
- Profession (MD, psychologist, nurse, physiotherapist, etc.):

Project Information:

- Title of Research Project:
- Institution Name:
- Address:
- Supervisor's Full Name:
- Supervisor's Position:
- Contact Information:

Project Details:

- Aim of the Project/objectives (2 pages):
- State of the art:
- Hypothesis:
- Methods:
- Expected Outcomes:

Attachments:

- Institutional Acceptance Letter
- Scanned Copy of Applicant's ID Card/Passport
- Detailed Cost Calculation Form
- Time Frame and Work Schedule (part-time/full-time)
- One Page of Figures (charts, diagrams, etc.)
- One Page Literature Review (references)

Declaration: I declare that the information provided is accurate and complete.
Signature:

- Applicant's Signature:
- Date:

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3. Cost Calculation Form
Applicant Information:

- Full Name:
- Project Title/Travel Purpose:

Cost Breakdown:

1. **Living Costs**
    - Accommodation: €_____
    - Meals: €_____
2. **Travel Costs**
    - Transportation (flight, train, etc.): €_____
    - Local Transport: €_____
3. **Material Costs**
    - Research Materials: €_____
    - Other Equipment: €_____
4. **Salary Costs**
    - Applicant's Salary: €_____

Total Estimated Cost: €_____
Declaration: I declare that the cost calculation provided is accurate and complete.
Signature:

- Applicant's Signature:
- Date:

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4. End-of-Project Report Form
Applicant Information:

- Full Name:
- Project Title/Travel Purpose:
- Host Institution Name:
- Supervisor's Full Name:

Project/Travel Details:

- Start Date:
- End Date:
- Summary of Activities Undertaken:

Outcomes:

- Key Findings/Results:
- Challenges Encountered:

- Recommendations for Future Work:

Attachments:

- Relevant Charts, Figures, or Data (if applicable)
- Publication (if applicable)
- Supervisor report

Declaration: I declare that the information provided is accurate and complete.
I also declare to present my study results on the BASS Autumn meeting as a free communication.

Signature:

- Applicant's Signature:
- Date: