**Detailed training plan edited by the Supervisor at the Host institute**

**for ERA Registry Fellowship**

1. Name of the fellow:
2. Host institute:
3. Title of the Short-Term Fellowship project:
4. Detailed training plan (please describe):

……………………………………………… Stamp of the Host Institute

Name of the host institute

……………………………………………… ………………………………………………….

Name of the Supervisor at the host institute Signature