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

**for ERA Short-Term Clinical Fellowship**

1. Name of the fellow:
2. Host institute:
3. Title of the Short-Term Clinical Fellowship project (please indicate specific clinical techniques):
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