



## **Introduction**

The International Federation of Clinical Neurophysiology (IFCN) Research Fellowship is aimed at supporting research training in clinical neurophysiology for applicants without access to high quality research experience or specialised research methodology or technique in their home country. It is expected that the experience gained will be of significant impact in their home country.

## **Eligibility criteria:**

Applicants must meet the following criteria to have their application considered:

1. Member of an IFCN member society or the International Clinical Neurophysiology Society (ICNS) for members from non-affiliated countries. Check the list of IFCN affiliated societies in the website [www.ifcn.info](http://www.ifcn.info) .

### **OR**

2. Applicants with a minimum of 2 years in core medical training and intend a career in clinical neurophysiology are preferred. <https://www.ifcn.info/icns.asp>
3. Intent to return to their country after the period of fellowship
4. There are no age limits
5. Previous Winners are ineligible to apply for another fellowship
6. Applicants must check all possible VISA requirements prior to applying
7. The fellowship must be at the institution that they applied to without changes
8. The fellowship start within one year of receiving the award
9. Candidates must contact the proposed supervisor's and obtain permission for the fellowship (The supervisor will be required to complete section III of the application form)

## Scope and period of training:

- i. Any field of clinical neurophysiology including general or specific/specialised techniques.
- ii. High quality research projects that are likely to result in a peer-reviewed publications; preferably in one of the IFCN Journals
- iii. IFCN should be acknowledged in any publications and reports
- iv. The minimum duration of research training is 3 months with a maximum 1 year.

**Submission details:**

**Deadline for submission is 30 April 2024 (date of receipt)**

Please send your application to the Secretariat of the IFCN via email at [info@ifcn.info](mailto:info@ifcn.info).

For any enquiries, please email: Kim Zaiss, IFCN Executive Director at [kzaiss@info.info](mailto:kzaiss@info.info)

The winning applicant(s) will be notified of the decision by **1 July 2024**.

**APPLICATION FORM**

**I. Brief CV**

1. Biodata

Full name with title:

Address:

Date and place of birth:

Email address:

Country of current practice:

2. Professional qualifications

Qualification	Institution	Dates

3. Postgraduate employment (current and previous: most recent post first)

Place of work	Post held	Dates

4. Professional Body Membership (please list)

5. Awards (please list, if applicable)

6. Publications in the last 5 years (please list, if applicable)

## **II. Proposed research training programme**

1. Please give details of any experience in Clinical Neurophysiology to date.  
(max 100 words)

2. Please provide details of your proposed research project?  
(max 2500 words)

*The project description should include background, hypothesis/aim, methods, timeline, perspectives and references.*

*Please include the following information to the perspectives section of your project description:*

- *why you have chosen to do your research programme at the centre proposed*
- *how will your proposed research impact your current practice/department/country*

3. How does your proposed study align with the goals of IFCN? (100 words max)  
*Please also include plans for future involvement and contribution towards IFCN*

### **III. Proposed Supervisor/Centre**

Full Name (including title):  
Current Position:  
Address of Institution:  
Correspondence Address:  
Email:

#### **Statement in support of candidate**

*Please include in your statement*

- *Details of the suitability of the candidate for the research programme*
- *Details of your experience of supervision including numbers previously or currently supervised*
- *Proposed programme and the facilities available to support his/her training*



**IV. Budget proposal (the total must not exceed USD 25000 if a year)**

<b>ITEMS</b>	<b>PROPOSED BUDGET</b>
Living expenses: (max USD 2000/month) (please list the following with evidence of estimated cost)  - Rental per month - Monthly stipend for food etc	
Travel (estimated cost of return flight) Include VISA fee (max USD 1000)	
Institutional fee (if applicable)	
Co-financing by the host institution (if applicable)*	
<b>TOTAL</b>	

\*Host labs that offer matching funds will be evaluated more favorably.

Have you received or are currently being considered for an Award elsewhere for this application? (Provide details if yes)

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## Additional Materials

**In addition, the following evidence is requested to accompany the application forms:**

1. Evidence of relevant medical training
2. Copy of passport or other government issued ID
3. Letter of recommendation from the home institution
4. Letter of acceptance from the host institution supervisor/mentor

Certificate of membership in an IFCN member society, **or** in the International Clinical Neurophysiology Society (ICNS) for those from countries without an affiliated society.