

**Acceptance of ECTRIMS-MAGNIMS rules regarding payment of fellowship stipends**

**Application of** .....(please insert name of applicant)

This is to confirm that .....  
 (please insert name and address of institution) accepts ECTRIMS-MAGNIMS policies regarding payment of fellowship stipends as stated on the ECTRIMS fellowship information pages (<http://www.ectrims.eu/ectrims-fellowship-programmes>), in particular the programme terms that specify that:

- Payment from ECTRIMS-MAGNIMS will be made to the host institution, which will be considered the employer of the fellow. Stipends will be paid by the host institution to the fellow according to the institution's own payment policies and schedules.
- The ECTRIMS-MAGNIMS award must be used by the institution to pay the fellow's stipend ("salary") at the appropriate rate for the fellow's stage of training. Should there be any remaining funds, the remainder of the award can be used to support institutional social benefits (health care coverage, pension, other benefits) that may be required by the institution.
- If the total of stipend plus benefits exceeds the amount provided by the ECTRIMS-MAGNIMS award, it is the responsibility of the institution/mentor to supplement the ECTRIMS-MAGNIMS award to cover the entire required costs.

Please indicate:

- Expected fellow's total salary per year: .....  
 o (for fellowships that are for less than one year in duration, this amount will be prorated for the time of the training award)
- Expected fellow's total social benefits costs per year:.....  
 o (for fellowships that are for less than one year in duration, this amount will be prorated for the time of the training award)
- If the annual or prorated ECTRIMS-MAGNIMS award is not sufficient for the total required costs of the fellow (salary plus benefits), please list below the additional source(s) of funding that will be used to cover the total costs.

.....

.....  
 Date

.....  
 Name and signature of institutional official

.....  
 Telephone and e-mail address of the signatory

.....  
 Name and signature of mentor

.....  
 Telephone and e-mail address of the signatory