

**IHS Clinical and Basic Science Headache Research Fellowship Award 2025**

**Information and application form**

**Information for Applicants**

**Introduction**

The IHS fellowship award aims to support innovative and impactful research from young investigators, promote the career of young investigators in the field of headache, and increase the knowledge base of headache disorders. Applications for basic or clinical science headache research, or a combination of basic and clinical research, will be considered. IHS will aim to offer two general fellowships— one focused on basic science, one on clinical science (or one combination)— and one fellowship specifically for applicants from low- and middle-income countries (LMICs). The LMIC-specific fellowship encourages projects that address local healthcare needs in headache medicine while integrating global expertise.

**Length of tenure**

Funding is provided for a 1-year fellowship.

**Language requirements**

The applicant must be able to communicate well in the language of the host country or in English if the host is agreeable.

**Value**

The award is designed to provide funding to cover the fellow’s salary costs based on the local economic context of where the fellowship is taking place. The maximum amount of the total yearly grant is GBP 50,000 (12 months).

Awards are to be received by the host institution – no administrative expenses should be deducted from the grant award. In exceptional circumstances (such as in the case that the host institutions will withhold administrative expenses) awards may be paid directly to the fellow. Payment is usually made in three instalments: GBP 20,000 2 months prior to start of fellowship, GBP 15,000 after 3 months and GBP 15,000 after 6 months. The second two payments are subject to reports being received from the fellow and signed by the mentor.

**Funding transparency**

Both the host institution and the institute where the applicant is employed must complete the ‘Other support’ form in the application process. The other support form must specify all currently available funding for the hosting PI and the PI where the applicant is employed at the time of completing the application.

**Mentors**

For the LMIC-specific fellowship, applicants must secure mentorship from two experts: one local mentor and one international mentor. The local mentor will help tailor the project to the specific needs and challenges of the home country, ensuring its relevance and practicality, while the international mentor will provide a broader perspective with global expertise and best practices. The international mentor should be an IHS member. This dual mentorship structure is crucial for improving headache services in LMIC regions and ensures that projects are both locally grounded and enhanced by international insights.

For the other two fellowships, applicants are only required to secure one mentor, who must be an IHS member.

**Host organisation**

The applicant must identify and contact the desired mentor(s) and host organisation. All liaison with the host organisation is done by the applicant.The host organisation must have accepted the candidate for the Fellowship and the mentor must be a member of IHS. The applicant and the mentor(s) must have agreed on the research programme and the proposed outcomes and objectives.

The host organisation must ensure that the award holder is made aware of his / her responsibilities during the placement. Failure to comply with these conditions may lead to termination of the award and the society reserves the right to recover the funds in part or fully.

The host organisation must ensure that the award holder is made aware of his / her responsibilities during the placement. Failure to comply with these conditions may lead to termination of the award and the society reserves the right to recover the funds in part or fully.

Important: Applicants should contact the mentor to request a placement before submitting the application.

**Essential criteria**

• applicant and mentor(s) must be professionally involved in the treatment, research or management of headache disorders.

• The applicant and the international mentor must be members of IHS.

• The applicant should be within 6 years of completing training (MD, PhD, specialty training, whatever was last) not including non-professional periods.

• The applicant should not have previously received an IHS fellowship award.

• The applicant must be able to communicate well in the language of the host country or in English if the host is agreeable.

• The applicant should not currently be working with the future mentor, except for the local mentor for the applicants from the LMIC. In special cases applications on this basis will be accepted if the current working period has been for less than 12 months.

• The host institution must be different from the home institution and preferably, but not necessarily, in another country.

• The mentor should not have hosted any IHS fellowships within the past three years (i.e. 2022-2024).

• Applicants from the LMICs must include a section in their application explaining why the proposed project is relevant to the local needs and challenges of their home country.

**Reporting**

The award holder must submit interim reports after 3 and 6 months of starting the fellowship, and a final report within 3 months following the end of the fellowship period. All reports must be signed and approved by both mentors.

All payments may be recovered if the final report is not received within 6 months of the end of the fellowship period.

IHS will also request annual updates for 5 years following the end of the fellowship period.

**Data presentation**

The award holder must present the results of his / her research at the next IHS congress (IHC) following completion of the fellowship (unless the congress is held less than 1 month following completion).

**IHS contribution**

The society’s contribution to the accomplishment of the fellowship should be acknowledged in all publications or presentations related to the research.

**Insurance and logistics**

The award holder must make his / her own arrangements for travel and accommodation. Any insurance-related matters for the duration of the programme will be the entire responsibility of the award holder.

**Application**

Each application must include:

1. Fellowship proposal following the template in the Aims and plan section
2. Budget for the proposed project: The budget must contain all foreseeable expenses related to the project, that is the costs requested to be funded by the IHS Fellowship as well as any other resources obtained or to be obtained through other funding, investment(s) or any other way.
3. Updated curriculum vitaeof the applicant (to include personal data, qualifications, language ability, academic training, clinical experience, research experience, honours achieved, full bibliography and any other material thought to be appropriate)
4. Copy of most recent qualification certificate
5. Two reference letters (other than the fellowship mentor(s))
6. Updated short curriculum vitaeof the fellowship mentor(s)
7. Confirmation letter of support and acceptance from the host institution or international fellowship mentor (to include where appropriate a description of the clinical programme, hours of work, type of work, time in the office / hospital, level of patient care)
8. For LMIC applicants, an additional confirmation letter of support is required from the local mentor
9. Completed ‘Other support’ form
10. Copy of passport

Applications should be submitted as one pdf following the checklist order above. Applications will be evaluated to ensure they fulfil all the required eligibility criteria. Incomplete or incorrect applications will not be considered further. Complete and accurate applications will be submitted for evaluation to the IHS Fellowship Review Committee. For applicants from LMICs, demonstration of a strong understanding of local headache disorder challenges and a clear plan for collaboration with international mentors will be given priority consideration. Applicants will be informed of a definitive decision by email as soon as practical.

**Important: User of AI**

The use of AI to generate content or complete the entire application is discouraged and may result in a negative review. Please declare any use of AI, such as for language editing or other specific tasks.

**Deadline for applications: 28 April 2025**

**Applications and supporting documents should be sent by email to Carol Taylor**: [carol.taylor@i-h-s.org](mailto:carol.taylor@i-h-s.org)

Applicants will be notified within 2 months of the deadline. The fellowship should commence within 4 months of acceptance.

**Data protection**

To meet the society’s obligations for member’s accountability, some details of Awards will be made available on the society’s website, reports, documents or mailing lists.

Protection of any intellectual property will be fully respected. Nevertheless, and with the consent of the award holder, the society may share the findings from the research fellowship with its members via its website or owned publications.

Application information will be shared only with the Fellowship Review Committee, and IHS Officers if deemed necessary.

Please see the full IHS Data Privacy Policy [here](https://ihs-headache.org/en/about-ihs/articles-and-policies/).

Graphical user interface, text

Description automatically generated

**IHS Fellowship 2025**

**Application deadline: 28 April 2025**

**Required information**

**General**

|  |  |
| --- | --- |
| Name |  |
| Nationality |  |
| Date of birth |  |
| Full contact address |  |
| Current working address |  |
| Current status (training in headache, if no longer training, when training ended and details of last qualification) |  |
| Institutional email address |  |
| Personal email address |  |
| Telephone |  |

**Fellowship**

|  |  |
| --- | --- |
| Length of the fellowship |  |
| Proposed dates  (to commence before November 2025) |  |
| Proposed location |  |
| Institution name |  |
| Institution address |  |
| International mentor name\* |  |
| International mentor contact details |  |
| Local mentor name\*\* |  |
| Local mentor contact details\*\* |  |
| Title of proposed study |  |

*\* The applicant should not be currently working with the international mentor*

*\*\*Only for applicants from LMICs*

**Research details**

|  |
| --- |
| Reasons for choosing the host institution and the international mentor |
|  |

|  |
| --- |
| Aims and plan of the project |
| Please structure following the given template  Title:  Abstract: (<½ page)  Hypothesis and objectives: (< ½ page)  Background: (< 1 page)  Methods and statistical plan: (< 1 page)  Relevance: (< ½ page) |

|  |
| --- |
| Deliverables and timelines (table or Gantt chart) |
|  |

|  |
| --- |
| Potential future impact of the project on the headache field |
|  |

|  |
| --- |
| Relevance to local needs\* |
|  |

\****Only for applicants from LMICs***.

In this section, please explain why the proposed project is relevant to the local needs and challenges of the applicant’s home country. Please highlight how the project addresses specific healthcare gaps or issues in the region and how the involvement of the local mentor will help ensure the project's impact at the community level.

|  |
| --- |
| What do you expect to gain from the fellowship? |
|  |

|  |
| --- |
| Future impact of the fellowship and project on your career |
|  |

**Budget for the proposed project**

|  |  |
| --- | --- |
| **Total budget** (all foreseeable expenses related to the project = costs requested to be funded by the IHS Fellowship + any other resources obtained or to be obtained through other funding, investment(s) or any other way) | |
| Amount requested from the IHS | * For remuneration & related costs: * For travel: * For subsistence (based on no. of days): * For other expenses (justify in full):   **Total amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Would you be granted paid leave of absence to take up this fellowship? | YES/ NO  If YES please state the amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Will you benefit from any other source of financing to complete the fellowship and also declare any funding received after being awarded the fellowship | YES/ NO  If YES please state the source and the amount |

**Required documentation (check list)**

* A clear fellowship proposal (documentation above)
* Budget for the proposed project
* Updated curriculum vitaeof the applicant (including academic record (degree, subject, institution, year, etc.)
* Copy of most recent qualification certificate
* Two reference letters (other than the international fellowship mentor)
* Updated (short) curriculum vitaeof the fellowship mentors
* Completed mentor section (please see the last page of this document)
* Confirmation letter of the fellowship acceptance from the host institution and the international mentor
* Confirmation letter of support from the local mentor (only for applicants from LMICs)
* Completed ‘Other support’ form
* Copy of passport

**Acceptance**

**I have carefully read and completed the above application form and attached all the requested documentation. If my application is successful I agree to abide by the rules and regulations for this award.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return this form and supporting documents by email to Carol Taylor by 28 April 2025**

[carol.taylor@i-h-s.org](mailto:carol.taylor@i-h-s.org)

Graphical user interface, text

Description automatically generated

**IHS Fellowship 2025**

**Application deadline: 28 April 2025**

**INTERNATIONAL MENTOR SECTION**

**This section must be completed by the fellowship mentor IN CONFIDENCE AND MUST BE SENT INDEPENDENTLY from the full application and related documentation by email to** [carol.taylor@i-h-s.org](mailto:carol.taylor@i-h-s.org) **by 28 April 2025**

|  |  |
| --- | --- |
| Applicant’s name |  |
| Title of proposed study |  |

|  |  |
| --- | --- |
| Mentor’s name |  |
| Institution’s name |  |
| Mentor’s contact details | Address:  Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Applicant’s scientific ability and suitability for this fellowship |
|  |

|  |
| --- |
| Why is your institution appropriate to hold this specific fellowship? |
|  |

|  |
| --- |
| Please provide details of any funding received by institution to support this research |
|  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application deadline: 28 April 2025**

**LOCAL MENTOR SECTION (*only for applicants from LMICs*)**

**This section must be completed by the fellowship mentor IN CONFIDENCE AND MUST BE SENT INDEPENDENTLY from the full application and related documentation by email to** [carol.taylor@i-h-s.org](mailto:carol.taylor@i-h-s.org) **by 28 April 2025**

|  |  |
| --- | --- |
| Applicant’s name |  |
| Title of proposed study |  |

|  |  |
| --- | --- |
| Mentor’s name |  |
| Institution’s name |  |
| Mentor’s contact details | Address:  Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Applicant’s scientific ability and suitability for this fellowship |
|  |

|  |
| --- |
| Does this project address the specific healthcare needs and challenges of your home country? |
|  |

|  |
| --- |
| Please describe the support or guidance you may provide to this project. |
|  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graphical user interface, text

Description automatically generated

**IHS Clinical and Basic Science Headache Research Fellowship Award 2025**

**Other support form**

**(to be completed by applicant and host institution)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Grant / application number | Funding body | Principal investigator | Dates of research | Research title | Grant funding (GBP, €, US$) | Brief description (2-3 sentence) |
| Example:  A12345-01 | NIH/NINDS | J Smith | 01-01-19 to 31-12-23 | Non-pharmacological treatment of tension-type headache | $ 100,000 | Non-pharmacological treatments for headache include behavioural treatments such as cognitive-behavioural therapy, relaxation….. |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |