

Dear Applicant,

Thank you for your interest in the United for Clinical Nutrition Fellowship Program! We're thrilled to have you apply for this exciting opportunity. Please complete all sections of this form and submit the required documents listed below.

Submission Instructions:

- ▶ Ensure all sections are properly filled to avoid delays in the selection process.
- ► Submit your application to UFCNFellowshipProgram@fresenius-kabi.com before 24th November 2025.
- ▶ If you have any questions, contact us at UFCNFellowshipProgram@fresenius-kabi.com

Institutional Information:

Name of Institution:				Institution Type: (Private/Public)		
Main contact at	Institution:					
Email address:						
Hospital Size:	►ICU Beds:	Beds: → General Wards Beds:			eds:	
Availability of En	teral and Parente	ral Nutrition	Mark with an X if ap Blenderized Diets Powdered Entera Ready to use EN Compounded PN Multi Chamber Ba	I feeds Bags	YES	NO
Current Prescription for Number of patients per month: Nutritional Average days receiving nutrition support per patient:		▶Enteral Nutrition (EN):	▶ Parenteral Nutrition (PN):		∙ Oral Nutritional Supplements (ONS)	
Any other Nutrit Initiatives at the						
Approval by Hea Name: Date:	d of Department*	*:	Signature:			
Approval by Hea Name: Date:	d of Institution*:		Signature:			



^{*}Depending on the project, Ethics Committee approval might be necessary.



Nutrition Therapy Team (NTT) Information

Number of members:	Department:
Name of Team Members:	Profession/Qualifications:

- 1. Attach Summary of CVs of Team Members (Mandatory).
- 2. Attach Motivation Letter (Max 500 Words) OR Video Submission, duration 3-5 minutes:
 - Explain the rationale for application,
 - ▶ Team goals,
 - Expected program benefits.

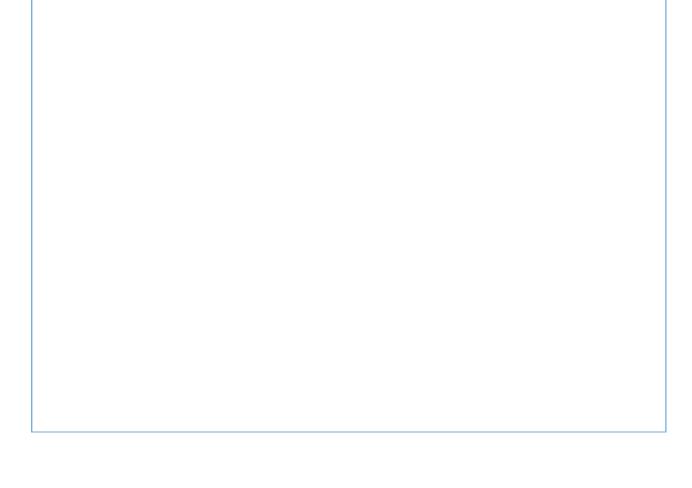




Project Proposal (Max 250 words)

- ▶ Provide a concise summary of your proposed initiative, addressing the following key elements:
 - Aims & Objectives
 - Describe Current Nutrition Therapy in Your Institution and identified gaps.
 - Methods

- Expected impact of project
- Potential barriers to implementation
- ▶ Pilot and feasibility assessment of the project
- Timelines







Project Implementation Plan (Max 200 words)

