United for Clinical Nutrition
FELLOWSHIP Program by Fresenius Kabi

Application Form

Deadline: 24th November 2025

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:

Country:

Name of Institution:

Institution Type: (Private/Public)

Main contact at Institution:

Email address:

Hospital Size: (Number of beds)
- ICU Beds:
- Surgical Wards Beds:
- General Wards Beds:

Availability of Enteral and Parenteral Nutrition

Mark with an X if applicable:	YES	NO
Blenderized Diets		
Powdered Enteral feeds		
Ready to use EN Bags		
Compounded PN		
Multi Chamber Bag PN		

Current Prescription for Nutritional Support:

	Enteral Nutrition (EN):	Parenteral Nutrition (PN):	Oral Nutritional Supplements (ONS):
Number of patients per month:			
Average days receiving nutrition support per patient:			

Any other Nutrition Initiatives at the Institution:

Approval by Head of Department*:

Name: Signature:

Date:

Approval by Head of Institution*:

Name: Signature:

Date:

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

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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.

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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

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Project Implementation Plan (Max 200 words)

- Describe how you envision implementing this proposed project in your institution.

☐ I confirm that the information given in this form is true, complete, accurate and can be used for further application handling.

☐ I consent processing of my personal data.

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