CSL Behring encouragement grant *Application form*

|  |
| --- |
| 1. **Applicant details**
 |
| **1.A Title of the submitted project** |
|  |
| **1.B Information about the Principal Applicant** |
| Title: Dr. /Prof. |
| First name: | Academic degree: |
| Last name: | Date of birth: |
| Name of Institution: |
| Department: |
| Professional address: |
| Postal Code and City: |
| Telephone:  | E-mail: |
| Co-investigators in case of research: |
| Responsible financial officer:First name:Last name:Address:Postal code and city:Telephone:Email: |
| **1.C Start and end date of project** *(DD/MM/YYYY)* |
| Start date: | End date: |
| 1**.D Other important information** *(indicate which one)* |
| Have you been awarded a CSL Behring research support grant in previous years? □ Yes □no |
| *If yes, please specify (Type, year and title)* |
| 1. **Project summary** *(1 paragraph description of the project – max 10 lines)*
 |
|  |
| 1. **Applicant expertise** *(if applicable)*
 |
| Your expertise in the domain of thrombosis and hemostasis:Motivate your application and justify the project, the choice of your destination (length of stay, expertise present, known contact persons, ….) if applicable. Describe how this project will advance your project and/or career: |
| 1. **Project plan**
 |
| * 1. **Objectives of the proposed project**
 |
| * 1. **Medical/ Scientific Problem; Background**
 |
| * 1. **Specific aims**
 |
| * 1. **Methods and measurements** *(if applicable)*
 |
| * 1. **Statistical Analysis** *(if applicable)*
 |
| 1. **Budget justification**
 |
| * 1. **Current support for proposed project**

Is this project currently supported by any other funding agency? □Yes □no*If ‘yes’, give the name of the organization(s) and summarize the amount and duration of support, with dates*Is this or a substantially similar proposal currently being considered elsewhere? □Yes □no*If ‘yes’, by what organization(s)? By what date is a decision expected?* Does this grant support travel expenses and living costs in a national or international center of excellence in your discipline?* 1. **Detailed budget plan: how will the budget be used for the proposed plan?**
 |
| 1. **Curriculum vitae**
 |
| *Copy and paste here directly your abbreviated CV of maximum 3 A4 pages* |
| 1. **Conflict of interest (please tick one of the boxes as appropriate)**
 |
| □ I declare that I have no conflict of interest with the BSTH board members reviewing the present application□ I have a conflict of interest with the following BSTH board member(s) reviewing this application: ………………………………………………………….. |
| 1. **Signature and date**
 |
| Date *(DD/MM/YYYY)*:Signature of the Principal Applicant: |