

## ESPE Research Unit

### Collaborative Project Grant Support PRELIMINARY APPLICATION

Sponsor: SANDOZ

**APPLICATION DEADLINE: 26 February 2019**

The information given on this form will enable the ESPE Research Unit Convenor and the Science Committee to assess the eligibility of the applicants and to determine whether the proposed research merits a full application. If your application is accepted you will be invited to submit a final application.

<b>1</b>	<b>PRINCIPAL INVESTIGATOR</b> First Name: _____ Last Name: _____ Full Address: _____
<b>2</b>	<b>CO-INVESTIGATOR</b> First Name: _____ Last Name: _____ Full Address: _____
<b>3</b>	<b>CO-INVESTIGATOR</b> First Name: _____ Last Name: _____ Full Address: _____
<b>4</b>	<b>CO-INVESTIGATOR</b> First Name: _____ Last Name: _____ Full Address: _____
<b>5</b>	<b>CO-INVESTIGATOR</b> First Name: _____ Last Name: _____ Full Address: _____

<b>6</b>	<b>CO-INVESTIGATOR</b>	First Name:	Last Name:
		Full Address:	
<b>7</b>	<b>CO-INVESTIGATOR</b>	First Name:	Last Name:
		Full Address:	
<b>8</b>	<b>OFFICIAL ADDRESS FOR CORRESPONDENCE</b>		
	Telephone:		
	Email:		
<b>9</b>	<b>TITLE OF PROPOSED RESEARCH</b>		
<b>10</b>	<b>SUMMARY OF PROPOSED RESEARCH (MAX 300 WORDS)</b>		
<b>11</b>	<b>MODE OF COLLABORATION</b>		
	Proposed start date:		
	Proposed duration (years):		
<b>12</b>	<b>ESTIMATE COSTING OF PROPOSAL</b>		
	This is to give the Science Committee an indication of the likely cost of the project. Please quote all amounts in Euro.		
<b>13</b>	<b>SIGNATURES</b>		
	We have read the Regulations Governing Applications and if this application is successful we agree to abide by them. We note that no alterations can be made to the award without prior approval from the Science Committee.		
	<b>PRINCIPAL INVESTIGATOR</b>		
	Full Name:	Date	
	Signature:		
	<b>CO-INVESTIGATOR</b>		
	Full Name:	Date	
	Signature:		
	<b>CO-INVESTIGATOR</b>		
	Full Name:	Date	
	Signature:		

<b>CO-INVESTIGATOR</b>	
First Name:	Date
Signature:	
<b>CO-INVESTIGATOR</b>	
Full Name:	Date
Signature:	
<b>CO-INVESTIGATOR</b>	
Full Name:	Date
Signature:	
<b>CO-INVESTIGATOR</b>	
Full Name:	Date
Signature:	

Please submit the completed **preliminary application** in electronic format to ESPE Team by e-mail at: [espe@eurospe.org](mailto:espe@eurospe.org), no later than the **26 February 2019**.