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**ESPE Research Unit**

# Collaborative Project Grant Support

**PRELIMINARY APPLICATION**

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. If you require more space for investigators please include all below requested information on a separate document attached to your application. **APPLICANTS MUST BE ESPE MEMBERS IN ORDER TO BE ELIGIBLE FOR THE GRANT.**

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| **1** | **PRINCIPAL INVESTIGATOR**First Name:Last Name:Full Address:Are you an ESPE member? Yes[ ]  No[ ] If yes please enter your membership number: Do you hold a current position on any ESPE committee? Yes [ ]  No [ ] If yes please state which committee:  |
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| **2** | **CO-INVESTIGATOR** First Name:Last Name:Full Address:Are you an ESPE member? Yes[ ]  No[ ] If yes please enter your membership number:  |
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| **3** | **CO-INVESTIGATOR** First Name:Last Name:Full Address:Are you an ESPE member? Yes[ ]  No[ ] If yes please enter your membership number:  |
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| **4** | **CO-INVESTIGATOR** First Name:Last Name:Full Address:Are you an ESPE member? Yes[ ]  No[ ] If yes please enter your membership number:  |
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| **5** | **CO-INVESTIGATOR** First Name:Last Name:Full Address:Are you an ESPE member? Yes[ ]  No[ ] If yes please enter your membership number:  |
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| **6** | **CO-INVESTIGATOR** First Name:Last Name:Full Address:Are you an ESPE member? Yes[ ]  No[ ] If yes please enter your membership number:  |
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| **7** | **CO-INVESTIGATOR** First Name:Last Name:Full Address:Are you an ESPE member? Yes[ ]  No[ ] If yes please enter your membership number:  |
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| **8** | **OFFICIAL ADDRESS FOR CORRESPONDANCE**Telephone:Email: |
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| **9** | **TITLE OF PROPOSED RESEARCH** |
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| **10** | **SUMMARY OF PROPOSED RESEARCH**  (MAX 600 words)1. Including hypothesis and significance of the project
2. Materials and Methods (including statistics for specific projects)
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| **11** | **MODE OF COLLABORATION**  |
|  | 1. Description of the complementarity and synergy of the collaborative groups
2. What does this research add?
3. How will the project benefit patients?

Proposed start date:Proposed duration (years): |

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| **12** | **ESTIMATE COSTING OF PROPOSAL**This is to give the Science Committee an indication of the likely cost of the project. Please quote all amounts in Euro. The amount declared must be no more than 10% away from the amount that will be declared in the final grant application, if required.  |
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| **13** | **SIGNATURES**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. |
|  | **PRINCIPAL INVESTIGATOR**Full Name:Date:Signature:**CO-INVESTIGATOR**Full Name:Date:Signature:**CO-INVESTIGATOR**Full Name:Date:Signature: |
|  | **CO-INVESTIGATOR**Full Name:Date:Signature:**CO-INVESTIGATOR**Full Name:DateSignature:**CO-INVESTIGATOR**Full Name:DateSignature:**CO-INVESTIGATOR**Full Name:DateSignature: |

Please submit the completed **preliminary application** in electronic format to ESPE Team by e-mail at: espe@eurospe.org.