

Application HFR Grants – Projects

1. Applicant			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs	Nationality	
Surname		Name	
Academic degree		Age	
Have you already obtained an HFR Grant?			<input type="checkbox"/> yes <input type="checkbox"/> no

2. Correspondence address			
Street			
Postal code		City	
Tel. private		Tel. Prof.	
Clinic			
Position			
Since when		Employment rate in %	
Email			

3. Scientific qualification		
Titel	Year	University/Institution
Master		
Dr. med.		
Ph.D.		
Specialist qualification FMH		
Other qualifications		

4. Experience abroad		
Category	Period	Guest institution
Stay 1		
Stay 2		
Additional training		

5. Publications

Number of original articles		As first / last author	
Number of reviews		As first / last author	
Number of case reports		As first / last author	
Number of book chapters		As first / last author	
Others			
<input type="checkbox"/> Please attach a full curriculum vitae and cover letter			

6. Scientific project

Project title (max. 200 characters)			
Summary (max. 500 characters)			
Research goal (1-2 sentences)			
Start		Duration (months)	
Keywords (max. 5 categories)			
Ethics committee approval	<input type="checkbox"/> available <input type="checkbox"/> not available <input type="checkbox"/> submitted		

7. Scientific project

<input type="checkbox"/> Please attach the full project proposal according to the guidelines attached

8. Finances Overview

Requested Funding (CHF)			
Have you already received co-financing from another institution?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, from whom?	

9. Detailed list of costs (please expand as required)

Item 1	CHF
Item 2	CHF
Item 3	CHF

Item 4	CHF
...	CHF
Total requested funding	CHF

10. References and recommendation letters

- ☐ Please attach a confirmation letter signed by the chairman of your HFR clinic
- ☐ Please attach a recommendation letter (optional)

Date _____

Signature _____