**EHA RESEARCH FELLOWSHIP APPLICATION FORM**

**1. Cover page**

|  |  |
| --- | --- |
| **APPLICANT** | |
| Name |  |
| MD | Date of Graduation (mm/yyyy) |
| PhD | Date of Graduation (mm/yyyy) |
| Current position |  |
| Email |  |
| Telephone |  |
| Department and Institution |  |
| Title of project |  |
| Duration of Project |  |
| Proposed Start Date |  |
| **TYPE OF GRANT**  *Tick the checkbox by double-clicking on it and then select ‘checked’.* | |
| Clinical research fellowship  Non-Clinical junior research fellowship  Non-Clinical advanced research fellowship | |
| **HOST INSTITUTION** *(if different from above)* | |
| Department and Institution |  |
| Name supervisor / mentor |  |

**2. CV**

Personal CV

CV of Supervisor / Mentor (max 2 pages)

1. **Lay Abstract**

Please provide a brief lay abstract of the proposed research (max 300 words).

1. Please outline how this project/trial will fit into the current research of your department (max 300 words).
2. Has this, or a closely related, project been submitted to another funding body? **Yes/No**

If ‘Yes’ which funding body and when will the outcome be known?

1. Has this application been submitted elsewhere in the past year? **Yes/No**

If so, list the organisation and result of the submission.

1. **Scientific Proposal**

* Research proposal (max 3000 words excluding references, font size 11)
* Please use the following headings:

**AIMS**

**BACKGROUND**

**PLAN OF INVESTIGATION**

**JUSTIFICATION FOR BUDGET**

**REFERENCES**

1. **Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(i) Salaries**  Please indicate salary scale and position for each post below.  *Please ensure that salary costs etc are relevant to the start date of the application.* | | | | |
| Post (1):  Position  TOTAL | Year 1 | Year 2 | Year 3 | TOTAL |
| Post (2):  Position  TOTAL | Year 1 | Year 2 | Year 3 | TOTAL |
| **TOTAL SALARIES** | **Year 1** | **Year 2** | **Year 3** | **TOTAL** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(ii) Laboratory Consumables**  (Please justify in Scientific Proposal) | Year 1 | Year 2 | Year 3 | TOTAL |
|  | | | | |
| **(iii) Animal costs**  (Please justify in Scientific Proposal) | Year 1 | Year 2 | Year 3 | TOTAL |
|  | | | | |
| **(iv) Equipment** (Please justify in Scientific Proposal) | Year 1 | Year 2 | Year 3 | TOTAL |
|  | | | | |
| **OVERALL TOTALS APPLIED FOR**  **(i) – (iv)** | **Year 1** | **Year 2** | **Year 3** | **TOTAL** |

\*EHA will **only** pay Direct Costs

1. **Signature Page**

This application should be submitted by/through the Head of Department and the officer who will be responsible for administering any grant that may be awarded.

*I can confirm that I have read this application and that, if granted, the work will be accommodated and administered in the Department/Institution in accordance with the conditions required by The European Hematology Association. The staff gradings and salaries quoted are correct and in accordance with the normal practice of this Institution.*

………………………………………………….

Signature of Head of Department

Title:

Name and Initials:

Department/Institution:

Address:

…………………………………………………

Signature of Administrative Authority

Position:

Name and Initials:

Address and telephone number:

Date:

1. **Head of Department Letter**

The following items should be included in the letter of agreement:

* description of the institutional commitment and facilities to support the project
* description of the institute’s policy regarding institutional overhead costs for externally-funded projects
* description of mentoring plan
* signature by the chairperson of the department