**Application Form**

**I. ADMINISTRATIVE INFORMATION**

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| **PROJECT TITLE** |
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| **PRINCIPAL INVESTIGATOR** | |
| **Surname** |  |
| **First name** |  |
| **Title** |  |
| **Position held** |  |
| **Institution** |  |
| **Full postal address** |  |
| **Telephone number** |  |
| **Email** |  |

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|  | **CO-APPLICANT (1)** | **CO-APPLICANT (2)** | **CO-APPLICANT (3)** |
| **Surname** |  |  |  |
| **First name** |  |  |  |
| **Title** |  |  |  |
| **Position held** |  |  |  |
| **Institution** |  |  |  |

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| **SUPERVISING INSTITUTION** | |
| **Name** |  |
| **Full postal address** |  |

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| **PROJECT TIMELINE** | |
| **Period for which support is sought (state in months):**  ***Maximum 2 years*** |  |
| **Proposed start date (dd/mm/yy):**  ***The project must begin within 6 months of the award notification date*** |  |

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| **PROJECT BUDGET** | |
| **Total sum (in Euros) for which this application is being made:** |  |

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| **ETHICS APPROVAL** | |
| **Have you obtained ethics approval for your project?** | Yes  No\* |
| **\*Confirmation that ethics approval has been obtained is required before any award payment is made.** | |

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| **SUGGESTED EXTERNAL REVIEWERS.**  Provide the names and contact details of 2 external reviewers who have the appropriate expertise to potentially be asked to peer review your research grant application. Suggested reviewers must not be  associated in any way with your project or other research activities, your hospital, or academic institution. They also should not be anyone who you trained or recently collaborated with or supervised. | |
| **External Reviewer 1** | |
| **Surname** |  |
| **First name** |  |
| **Title** |  |
| **Position held** |  |
| **Institution** |  |
| **Full postal address** |  |
| **Telephone** |  |
| **Email address** |  |

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| **External Reviewer 2** | |
| **Surname** |  |
| **First name** |  |
| **Title** |  |
| **Position held** |  |
| **Institution** |  |
| **Full postal address** |  |
| **Telephone** |  |
| **Email address** |  |

**II. SCIENTIFIC SUMMARY (maximum 3 pages)**

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| **RATIONALE** Provide context for the application, including research in the field and by the applicant. Clearly identify the gap that the proposed research intends to address. Include any supportive preliminary data. |
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| **AIMS OF PROJECT**  Include specific hypotheses to be tested. |
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| **STUDY DESIGN, MATERIALS AND METHODS**  Describe the basic design of the study. Include information about study subjects, sample size, enrollment criteria, or other sample material to be used in the study. Outline the procedures and protocols to be used to accomplish the project. Discuss potential difficulties and limitations and proposed alternative approaches to achieve the specific aims. |
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| **TIMELINE \***  Provide a timeline for the study. |
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| **POTENTIAL IMPACT**  Discuss where the research is leading and in what way and in how many years the findings might potentially influence the prevention, diagnosis and/or treatment of inherited or acquired bleeding disorders. |
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| **REFERENCES**  List a maximum of 15 most pertinent references.  Citation format:Authors, up to 6 followed by et al. (year), Title. Journal title, Volume: pages. doi. |
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| **LAY SUMMARY.** Provide a brief summary of your proposed research in 2-3 sentences that is succinct and that can be easily understood by a general, lay audience. This may be used, if your project is awarded, to notify the public of the grant award. |
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**III. BUDGET (maximum 1 page)**

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|  | **YEAR 1 Total costs required to complete project:** | **YEAR 1 Costs requested from** **EAHAD\*:** | **YEAR 2 Total costs required to complete project:** | **YEAR 2 Costs requested from EAHAD\*:** |
| **Personnel costs** |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Materials and supplies** |  |  |  |  |
| **Institutional overhead** |  |  |  |  |
| **Other expenses** |  |  |  |  |
| **TOTAL COSTS** |  |  |  |  |

**\* Costs requested from EAHAD may not exceed** 100% of the grant for a single year or 50% per year for a two-year project.

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| **OTHER SUPPORT AVAILABLE FOR THE PROJECT**  If part of this project is supported by other funding agencies, give the name of the organization(s) and the amount and duration of support, with dates. If part of this project (or a substantially similar proposal) is being considered for funding elsewhere, provide the name of the organization(s) and the expected date for a decision. |
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| **DETAILS OF OTHER RELEVANT GRANTS HELD BY APPLICANT(S) CURRENTLY OR IN THE PAST 3 YEARS**  State name of awarding body, title of project, amount awarded, and dates of support. |
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**IV. CURRICULUM VITAE**

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| **CURRICULUM VITAE of PRINCIPAL INVESTIGATOR (maximum 1 page)** | | | | | |
| **Surname** | |  | | | |
| **First name** | |  | | | |
| **Date of birth** | |  | | | |
| **Nationality** | |  | | | |
| **Education** | | | | | |
| **Degree** | **Field of study** | | | **Institution** | **Year** |
|  |  | | |  |  |
| **Posts held (list three most recent posts)** | | | | | |
| **Post/Title** | | | **Institution/Employer** | | **Dates** |
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| **Publications: (List the five most important publications over the last five years)** | | | | | |
| 1.  2.  3.  4.  5. | | | | | |

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| **CURRICULUM VITAE of CO-APPLICANTS (maximum 1 page each)** | | | | | |
| **Surname** | |  | | | |
| **First name** | |  | | | |
| **Date of birth** | |  | | | |
| **Nationality** | |  | | | |
| **Education** | | | | | |
| **Degree** | **Field of study** | | | **Institution** | **Year** |
|  |  | | |  |  |
| **Posts held (list three most recent posts)** | | | | | |
| **Post/Title** | | | **Institution/Employer** | | **Dates** |
|  | | |  | |  |
| **Publications: (List the five most important publications over the last five years)** | | | | | |
| 1.  2.  3.  4.  5. | | | | | |

**V. SIGNATURES**

By signing below, you certify that:

* All information in this application is accurate and truthful.
* You have read and understood EAHAD’s policies as stated in the Application Guidelines.
* You agree to all of EAHAD’s terms and conditions for undertaking the research project as stated in the Application Guidelines.

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|  | **NAME** | **SIGNATURE** | **DATE**  **(DD/MM/YYYY)** |
| PRINCIPAL INVESTIGATOR |  |  |  |
| REPRESENTATIVE FROM SUPERVISING INSTITUTION |  |  |  |

**Please send your completed application form with the subject line   
“EAHAD Research Grant Application”**

**by 15 April 2024**

By e-mail to: [**angelos.athan@eahad.org**](mailto:angelos.athan@eahad.org)

**For all enquiries, please contact:** [**angelos.athan@eahad.org**](mailto:angelos.athan@eahad.org) **| +32 (0) 485 86 16 83**