

APPLICATION FORM

PROJECT TITLE	
AUTHORS	
AMOUNT	→ Amount requested in CHF:
Ethic Commission	Is a submission required? If yes please enclose approval of the Ethic Commission or the submission documents

PRINCIPAL & RESPONSIBLE INVESTIGATOR <i>all are mandatory fields</i>	
Title	
First Name	
Family Name	
Professional address	
Post code	
City	
Mobile	
E-mail	
Membership	<input type="checkbox"/> SSN Member <input type="checkbox"/> YSN Member <input type="checkbox"/> nursing / patient care team <i>Please mark the appropriate category</i>

CONTACT, IF <u>NOT</u> IDENTICAL WITH PRINCIPAL INVESTIGATOR <i>all are mandatory fields</i>	
Title	
First Name	
Family Name	
Professional address	
Post code	
City	
Mobile	
E-mail	

CHECK LIST (PLEASE PREPARE A SINGLE DOCUMENT FOR EACH ITEM):

- | | |
|---|------|
| <input type="checkbox"/> Application form | Word |
| <input type="checkbox"/> Letter to the foundation board | PDF |
| <input type="checkbox"/> Project structure (see guidelines) | PDF |
| <input type="checkbox"/> Summaries for layperson (max. one page A4 in German or French AND in English)
→ Please for each language a separate document and with the following structure:
Abstract title / Authors / Text | PDF |
| <input type="checkbox"/> Budget + Funds list | PDF |
| <input type="checkbox"/> Curriculum vitae of the principal investigator(s) and important project staff
(<i>max. 3 pages</i> each, including publication list) | PDF |
| <input type="checkbox"/> Approval or application Ethics Commission if required | PDF |

* If the documents are not prepared according to the guidelines, the application will be returned.

I have read the attached guidelines and operational rules and agree with them.

Date:

First name and family name