



## ETA Project Research Grant Application Form 2018

**Notes:**

1. Only applications using this form will be accepted and must be within the page limit.
2. Applications must be submitted electronically by email with a Title "ETA Research Grant application – XXXX" (where XXX = last name of lead applicant) to the ETA standing office
3. All applications must have a received time at the ETA standing office **before midnight (CET) on 1st May 2018.**
4. Applicants are strongly encouraged to read the ETA Research Grant Guidance document available from the ETA website. Applications not in accordance with this Guidance will not be considered.
5. One applicant only is allowed
6. This form should be converted to pdf format before submission.

<b>Applicant's LAST name</b>		<b>Applicant's Given (First) Name(s)</b>	
<b>Project Title</b>			
<b>Date of Birth</b>		<b>Email address</b>	
<b>ETA Member</b>	Yes/No	<b>Country</b>	
<b>Department</b>		<b>Institution</b>	
<b>Address for Correspondence</b>			
<b>Phone number (inc country code)</b>		<b>Head of Department/ Research Group</b>	
<b>Administrative/ Finance officer</b>		<b>Admin/Finance officer email</b>	
<b>Admin/finance officer address</b>		<b>Admin/Finance officer phone number</b>	
<b>Category of applications – select only ONE (delete others)</b>	Basic/ Translational/ Clinical		

**Abstract – max 200 words**

**ETA Standing Office**

EndoScience Endokrinologie Service GmbH  
Hopfengartenweg 19, 90518 Altdorf b. Nürnberg Germany  
Tel. +49 (0) 9187-97424-15, Fax +49 (0) 9187-9742475  
[euro-thyroid-assoc@endoscience.de](mailto:euro-thyroid-assoc@endoscience.de) [www.eurothyroid.com](http://www.eurothyroid.com)  
Registered Charity Number: VR200481

**Hypothesis and Specific Aims – maximum 150 words**

**Host Institution – max 200 words.**

Describe facilities, collaboration and support available for the proposed research

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**Background – max 500 words**

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**Preliminary data – max 500 words, 2 figures/tables**

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**Detailed Plan of Investigation** – max 1500 words.  
Include timelines and statistical justification/power calculation if appropriate

**References (relevant to Background and Plan of Investigation) – max 20 references**

<b>Curriculum Vitae of Applicant</b>	
<b>Qualifications</b> (degrees, MD, PhD, professional qualifications). Give year of award, grade (if applicable) and Institution. If no PhD, please indicate which you consider your research degree (e.g. MD).	
<b>Current Post</b> (give year started)	
<b>Previous two posts</b> (give years when started and left; Institution)	
<b>Prizes/Awards/Scholarships</b>	
<b>Current Grants Held</b> (organisation funding, amount of award, start date)	
<b>5 relevant publications</b>	



Budget (Euros)		
	Costs	Justification
Salaries (provide detail)		
Consumables (provide details)		
Equipment (provide details)		
Other (inc travel, publication costs)		
<b>TOTAL</b>		

Assurances	
<b>I CONFIRM THAT:</b>	<b>MARK "X TO CONFIRM</b>
The work proposed here is not currently being supported by other funding sources	
If funding is obtained from other sources for this work, I will inform the ETA	
All the information on this form is correct to the best of my knowledge	
<b>Signature (please add e-signature or scan this page after signing)</b>	<b>DATE</b>

<b>Signature of Head of Department/Research Group (please add e-signature or scan this page after signing)</b>	
<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	