



ETA Project Research Grant Application Form 2019

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 2nd May 2019.**
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.

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

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

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

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Curriculum Vitae of Applicant	
Qualifications (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).	
Current Post (give year started)	
Previous two posts (give years when started and left; Institution)	
Prizes/Awards/Scholarships	
Current Grants Held (organisation funding, amount of award, start date)	
5 relevant publications	

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

Assurances	
I CONFIRM THAT:	MARK "X TO CONFIRM
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	
Signature (please add e-signature or scan this page after signing)	DATE

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

Please submit this application to the Standing Office: crutchley@endoscience.de