Application HFR Research Fund (Projects)

1. Applicant

Title	☐ Mr ☐ Mrs	Nationality	
Surname		Name	
Academic degree		D.O.B.	
Have you already obtained an HFR Grant?			☐ yes ☐ no

2. Correspondence address

Street			
Postal code		City	
Tel. private		Tel. Prof.	
Clinic			
Function			
Since when		Employment rate in %	
Email			

3. Scientific qualification

Titel	Year	University/Institution
Master		
Dr. med.		
Ph.D.		
Specialist qualification FMH		
Other qualifications		

4. Experience abroad

Category	Period	Guest institution
Stay 1		
Stay 2		
Additional training		

5. Publications

Number of original articles		As first / last author	
Number of reviews		As first / last author	
Number of case reports		As first / last author	
Number of book chapters		As first / last author	
Others			
☐ Please attach a full curriculum vitae			

6. Scientific project

Project title (max. 200 characters)	
Summary (max. 500 characters)	
Research goal (1-2 sentences)	
Start	Duration (months)
Keywords (max. 5 categories)	
Ethics committee approval	☐ available ☐ not available ☐ submitted

7. Scientific project

☒ Please attach the full project proposal according to the guidelines attached

8. Finances Overview

Requested Funding (CHF)			
Have you already received co-financing from another institution?	☐ yes ☐ no	If yes, from whom?	

9. Detailed list of costs (please expand as required)	
Item 1	CHF
Item 2	CHF
Item 3	CHF
Item 4	CHF
…	CHF
Total requested funding	**CHF**

10. References and recommendation letters
☐ Please attach a confirmation letter signed by the chairman of your HFR clinic ☐ Please attach a recommendation letter (optional)

Date _____   Signature _____