

Application HFR Research Fund (Fellowships)

1. Applicant			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs	Nationality	
Surname		Name	
Academic degree		D.O.B.	
Have you already obtained an HFR Grant?			<input type="checkbox"/> yes <input type="checkbox"/> 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			
<input type="checkbox"/> Please attach a full curriculum vitae			

6. Guest institution			
Name of guest institution/University			
Country			
Head of Department			
Start		Duration (months)	
What is the purpose of the fellowship?			
Brain Gain after return to the HFR			
<input type="checkbox"/> Please attach letter of recommendation for the planned stay by the chairman of the guest institution (required)			

7. Scientific project (if applicable)			
Project title (max. 200 characters)			
Summary (max. 500 characters)			
Research goal (1-2 sentences)			
Start		Duration (months)	
Keywords (max. 5 categories)			
Ethics committee approval	<input type="checkbox"/> available <input type="checkbox"/> not available <input type="checkbox"/> submitted		

8. Scientific project
<input type="checkbox"/> Please attach the full project proposal according to the guidelines attached

9. Finances Overview			
Requested Funding (CHF)			
Have you already received co-financing from another institution?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, from whom?	

10. 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

11. References and recommendation letters
<input type="checkbox"/> Please attach a confirmation letter signed by the chairman of your HFR clinic
<input type="checkbox"/> Please attach a recommendation letter (optional)

Date _____

Signature _____