



Overview

Applicant	
Project title	
Amount requested	
Start date	
Institution/University	
Email	

Signed Date



Project Grant

I. Applicant information

Principal Applicant

Title:	First Name:	Last Name:
Address:		
Postcode & City:	Telephone:	Mobile:
Email:	ORCID:	
Position:	Anticipated time commitment on project (Hours/day):	

2. Institutional information

Institution where the research will be carried out

Institution/University:	Department (name & address):
Contact address:	Postcode & City:

Head of Department and Department/Institution Authority

Title:	First Name:	Last Name:
Address (including institution):		
Postcode & City:	Telephone:	Email:
Position:		



3. Research project

Title of the project:

Type of grant:

Basic Clinical

Proposed start date:

Duration:

1 year 2 year

Does the proposal predominantly relate to:

Type 1 diabetes Type 2 diabetes

Scientific Summary/Abstract

Maximum 1 700 character (without spaces)

Lay Summary:

Describe the proposed research in simple terms that can be understood by a general audience. Maximum 2 100 character (without spaces).



Describe the relevance of the project to diabetes and its potential benefit to people living with diabetes:

Maximum 4 600 character (without spaces).



Project details

Does the research involve animals?

Yes No

If yes, has ethical permission been obtained?

Aims & Objectives of the proposal:

Plan of study – please describe the plan of investigation and expected outcome.

Where relevant please attach **maximum 2 pages** of supporting data/figures as supplementary. Must be in English.



Diabetes Wellness Suomi

DWS Project ID
(Official use only):



List any additional research document attached:

References:



Budgets and costs

Currency:

Euro

Total amount requested:

Breakdown of Costs

Salaries:

Materials and consumables:

Animal purchase and maintenance:

Equipment:

Other:

Detailed breakdown of costs and justification:



Current / previous sources of funding and other grant applications

Please provide details of all active grants and those held in the last five years:

Name of grant	Date awarded	Project title



Has this application previously been submitted elsewhere including the Diabetes Research and Wellness Foundation / Diabetes Wellness Sverige / Diabetes Wellness Suomi?:

If yes, please outline the main changes/updates made to the current application with reference to the previous application.

Are you currently applying elsewhere for funding to support the work relating to the present proposal?

If yes, please give details:

4. Financial information

Financial Administration (Please provide details of the officer who should be contacted for payment if the grant is awarded)

Title:	First Name:	Last Name:
Address:		
Postcode & City:	Telephone:	Email:
Position:		



CURRICULUM VITAE FOR

PERSONAL DETAILS

Department:	Institution/University:	Email:
Address:		
Postcode & City:	Telephone:	Mobile:
Position:		

ACADEMIC CAREER (in the last 10 years, list most recent first)

Date:	Career details with name of institution:

QUALIFICATIONS (include relevant training, certifications and date for PhD qualification)

Date:	Details:

MEMBERSHIP OF PROFESSIONAL ASSOCIATION

Date:	Details:

RELEVANT PUBLICATIONS (in the last seven years)

Publication:	Full list of authors:



Signatures

Principal Applicant:

Name:

Signature:

Head of Department:

Name:

Signature:

Head of Finance:

Name:

Signature:

Additional applicants:

Name:

Signature:

Please email your application to:

research@diabeteswellness.se