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| EHA Research Grant application 2018 |
| Project Title |
| Applicant name |
|  |
| **Institute where research will be performed** |
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FORMATTING REQUIREMENTS:

* Times New Roman, 11 pt, single space
* All documents should be collated into 1 pdf, including page numbers.
* This pdf should have a filename: First\_Last Name.pdf
* Each page should have the applicant’s name and project title in the header/footer
* Scans not allowed

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# EHA Research Grant 2018 application

## Personal Information & CV

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| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | Country | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile Phone: |  | Birth Date: |  |

|  |  |
| --- | --- |
| Email |  |
| EHA membership or Guest number: |  |
| Graduation: |  |  |
| (MM/YYYY) | PhD or equivalent | MD or equivalent (if applicable) |
|  |  |  |
|  |  | Accreditation for hematology (if applicable) |
|  |  |  |
| Do you have any relevant reasons for being out of scope for the time since graduation requirements (e.g. maternity leave)?\* | Yes/No |  |
|  |  |  |  |
| Reason: |  | Dates of absence: |  |
| Reason: |  | Dates of absence: |  |
| Reason: |  | Dates of absence: |  |
| \* Please include relevant documents to substantiate this to the end of this file |  |
| **Publications:** |  |  |  |
|  | *Total number of peer-reviewed publications* |  | *Number of publications as first author* |
|  |  |  |  |
|  |  |  | *Number of publications as second author* |
|  |  |  |  |
|  |  |  | *Number of publications as last author* |
|  |  |  | *Total citations (Google Scholar)* |
|  |  |  |  |
|  |  |  | *H-index (according to Google Scholar)* |
|  |  |  |  |
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| --- | --- | --- |
|  | Five top publications |  |
|  | Full citation | Impact factor of the journal |
|  | 1. |  |  |
|  | 2. |  |  |
|  | 3. |  |  |
|  | 4. |  |  |
|  | 5. |  |  |
|  |  |  |  |
| **Projects:** |  |
|  | Number of projects for which the applicant is PI (principal investigator) |  |  |
|  |  |
|  | Titles of these projects |
|  | 1. |  |
|  | 2. |  |
|  | 3. |  |
|  | 4. |  |
|  | 5. |  |

**Review**: to exclude as reviewer (max 2 names, individuals/research groups):

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| --- | --- |
| 1 | . |
| 2 | . |
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| **Curriculum Vitae (CV)** |
| NAME | POSITION TITLE (current)  |
| EDUCATION/TRAINING (graduate studies and beyond) |
| INSTITUTION AND LOCATION | DEGREE*(if applicable)* | MM/YY | FIELD OF STUDY |
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Personal Statement (optional)**Positions and Employment**Other Experience and Professional Memberships**Honors and Awards****Selected p**eer-reviewed publications (max 10)Ongoing Research Support relevant to the present application, e.g. your host group’s funding or other funding of your work.Completed Research Support relevant to the present application, e.g. your host group’s funding or other funding of your work.  |
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| Mentor Information |
| Mentor’s name: |  |
| Mentor’s email: |  |
| Home Institute Information |
| Home institute: |  |
|  | Name |
| Is this an academic institute? |  |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | Country | ZIP Code |
| Head of Department name: |  |
| Administrative Authority name: |  |
| Administrative Authority email: |  |
| Host Institute Information (if applicable) |
| Host institute: |  |
|  | Name |
| Is this an academic institute? |  |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | Country | ZIP Code |
| Head of Department name: |  |
| Administrative Authority name: |  |
| Administrative Authority email: |  |
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## Project information

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| --- | --- |
| Title: |  |
| Hematological specialty of the project: |  |
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| Summary (max 500 words) |  |
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## Budget justification

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| --- | --- |
|  |  |
| Justification of expenses per year*EHA Research grants are for 2 years***PLEASE NOTE****Thisjustification is critical to your application** |  |

|  |  |
| --- | --- |
|  | Budget (max 1 page) |
| **Categories** | **Details** | **Amount (€)** | How are these costs covered? E.g. by other funding body (clarify), host institute, this EHA grant |
| Consumables | Example: antibodies |  |  |
|  |  |  |  |
|  |  |  |  |
| Travel/Congresses (incl 2xEHA): |  |  |  |
|  |  |  |  |
|  | Attendance of EHA congresses in 2018 and 2019 | 4.000,- | This EHA grant |
| Personnel costs | Example: Technician |  |  |
|  |  |  |  |
| Publication costs |  |  |  |
|  |  |  |  |
| End of project Audit (Max €2000) | Example: Final audit | 2.000,- | This EHA grant |
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|  |  |  |  |  |
|  | Name of funding body | Amount (€) | For what categories(see above) | Status (e.g. waiting for decision, just applied) |
| Breakdown of other relevant funding | Charity A | 140.000,- | Personnel costs of myself, my PhD student and Costs for travel to Institute B where I am performing the gene sequencing | Awarded |
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If applicable, please insert relevant documents here for being out of scope for the time since graduation requirements (e.g. maternity leave). Please ensure that the documents are readable and high resolution.

Please include here your project proposal of maximum 8 pages (including figures, abstract and references)

**European Hematology Association Disclosure Form 2017-2018**

**Instructions**

All parts must be duly completed. You are responsible for the accuracy and completeness of the submitted information. If in doubt, err on the side of over-reporting. The form expires on the day of the business meeting at EHA Annual Congress in June 2018. Any intermediate changes are to be reported to the EHA Executive Office no later than 4 weeks after they occur.

Financial relationship: to financially benefit, or to have benefited in the past 12 months, by receiving salary, royalty, intellectual property rights, consulting fees, honoraria, ownership interest, research support or any other financial benefit from any commercial entity which has (potentially or perceived) interests that may conflict with those of EHA.

Direct financial relationship: you benefit

Indirect financial relationship: the institute or organization of which you are employee (or otherwise have a financial relation with) benefits

Personal details: enter your full name, your organization name, mail and e-mail addresses on which you would like to be contacted regarding this declaration, and your function(s) at EHA

Publishing: your disclosure will be published

**Please declare any financial relationship**

O I have no financial relationship(s) to disclose

O I have one or more financial relationship(s) to disclose, namely:

|  |  |  |
| --- | --- | --- |
| Name of Company | Direct (yes/no) | Indirect (yes/no) |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
| add rows if needed |  |  |

I declare that I have, to the best of my knowledge, disclosed any financial relationship.

|  |  |
| --- | --- |
|  |  |
| Signature | Date |

Frequently Asked Questions

**Q: I have no affiliations to disclose, do I have to fill this in?**

A: Yes. Confirm that you have no financial relationships to disclose.

**Q: What is a financial relationship?**

A: It is a relationship with a commercial entity that has (potentially or perceived) interests that conflict with those of EHA (e.g. pharmaceutical company) in which you, or the organization or institute you work for, receive financial benefit - or have received benefit in the past 12 months.

**Q: Do you have some examples of financial relationships?**

A: Yes. Examples are salary, royalty, intellectual property rights, remuneration of a book chapter, consulting fees, honoraria, ownership interest, shares (except independently managed investment funds or pension schemes that are not exclusively based on the pharmaceutical sector), research support, (principal) investigator, corporate sponsorship, educational grants, etc. etc. Any other financial benefit from any commercial entity which has (potentially or perceived) interests that may conflict with those of EHA also constitutes a financial relationship.

**Q: I think I may have a financial relationship but it is not listed above. What should I do?**

A: Err on the side of over-reporting. It is better to disclose redundant relationships than it is risk omitting relevant relationships. Furthermore, the onus of deciding the relevance of a relationship is not on you but on the EHA Board.

**Q: What is a direct financial relationship?**

A: A direct financial relationship is where you benefit. Examples are: salary, royalty, intellectual property rights, remuneration of a book chapter, consulting fees, honoraria, ownership interest, or shares (except independently managed investment funds or pension schemes that are not exclusively based on the pharmaceutical sector).

**Q: What is an indirect financial relationship?**

A: An indirect financial relationship is where the organization or institute you are employed benefits. Examples are: research support, (principal) investigator, corporate sponsorship, or educational grants.

**Q: Are there any direct or indirect financial relationships that I do not have to report?**

A: Yes. You do not have to report remuneration from industry for clinical trial subjects. You do not have to report shares of independently managed investment funds or pension schemes that are not exclusively based on the pharmaceutical sector.

**Q: Why do I have to fill in the disclosure form?**

A: Because you are either a Board, Committee or Unit member of EHA.

**Q: Will my disclosure be published?**

A: Yes. Transparency is the cornerstone of a good disclosure policy. By publishing the disclosures of Members of the Board and Committees, EHA hopes to gain public trust by allowing public scrutiny of its organization.

**Q: What is the validity of this form?**

A: The European Hematology Association Disclosure Form is sent to the Board, Committee and Unit members every year before EHA Annual Congress, as well as to EHA award winners and is valid through to the next EHA Annual Congress when it expires on the day of the business meeting.

**Q: My affiliations have changed. What do I do?**

A: In case your affiliations have changed – which includes the initiation or termination of affiliations – you must report the change to the EHA Executive Office no later than 4 weeks after the change occurred.