

Application Form

Summary

Reference number	
Institution	
Lead Applicant	
Total Requested	€

Sample

General Information

Project Title	
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Project duration	
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Type of Applicant	
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Type of Application 1	
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Type of Application 2	
-----------------------	--

Type of Application 3	
-----------------------	--

Previous Application Number (Former Applicant)

Type the previous Application Number and select your previous role in case of:

- Revised Application
- Renewal Application

Previous role 1	
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Previous Application Number (Former Grantee)

Type the previous Application Number and select your previous role in case of:

- Revised Application
- Renewal Application

Previous role 2	
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Forename(s)

Surname

Institution

County

City/Town

Position

Department

Email Address

Overview

Abstract

Lay Abstract in english

Project title in italian

Lay Abstract in italian

1

MeSH Terms

Disease Name

ORPHA Number

Orphanet classification

Disease OMIM Number

ICD-11 Code

Please check all that apply

No Area of Research have been added

No Research Type have been added

Cover Letter

Cover Letter

Sample

Previous Achievements

Project number and title of the most recent Telethon grant

Previous achievements of the most recent Telethon grant

Sample

Overall Description of the Research Project

Please describe central hypothesis, objectives, specific aims, research design, methods, and potential outcomes

Sample

Research Plan

Indicate whether the Study involves:

If the grant is approved for funding, funds WILL NOT BE PROVIDED until the pertinent Ethical Documentation has been obtained.

Please activate in due time all necessary procedures to obtain this approval in accordance with the relevant Italian laws.

Telethon reserves the right to ask for a copy of all the relevant approval documentation.

Does your proposal involve vertebrate animals?

Specify whether activities involving vertebrate animals are planned at any time during the proposed project.

If the grant is approved for funding, funds WILL NOT BE PROVIDED until the pertinent Ethical Documentation has been obtained.

Please activate in due time all necessary procedures to obtain this approval in accordance with the relevant Italian laws.

Telethon reserves the right to ask for a copy of all the relevant approval documentation.

Please indicate if the Ethical Authorization is already in place.

Collaborators

COLLABORATOR 1

Name			
Title		Address Line 1	
Forename(s)		Address Line 2	
Surname		Address Line 3	
Date of Birth		County	
Nationality		Postcode	

Institution	
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Department	
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Laboratory	
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Contribution to the project

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Sample

Personal Data and Curriculum Vitae

ID Research Platform	
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Personal Author ID	
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Sample

Budget and Personnel

Equipment

Item	
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Description and Justification

IT Equipment

Item	
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Description and Justification

Materials, Supply and Services

Item	
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Description and Justification

Personnel and Salaries

Role on Project	
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Annual Effort %	
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Name	
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Surname	
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Birth Date	
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Degree	
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Type of Contract at the Host Institution	
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Is this Contract already active?	
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Is a Salary being requested?	
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Project-related Travel Costs

Item	
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Description and Justification

Other Expenses

Item	
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Description and Justification

Travel Costs

Item	
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Description and Justification

Overhead

Budget Item 1

Item	
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Description and Justification

Sample

Other Financial Support

1

Granting Agency	
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Title of the project Please use English language	
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Status	
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Period: From	
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Period: To	
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Gross Amount	
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Currency	
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Brief Description

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Specify overlaps with this application, if any

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Host Institution

Chief of the Host Institution	
Permanent position	
Position Title	
Main research fields	
Name of the Laboratory	
Number of staff members	
Are you Head of the Laboratory?	
Head of the Laboratory <i>Please indicate name and email address</i>	
Independence Statement <i>An Independence statement must be uploaded (PDF only). (max 1,000 characters) Please note that the Independence Statement must be provided and signed by the Head of the Lab and should contain the name of the Applicant, the Application Title and a clear statement highlighting the Applicant's capability to carry out the proposed research in due time.</i>	
Any other appointment (including foreign)?	
Other appointment	
Laboratory space	
Clinical resources	
Office space	
Major equipment	
Core Facilities and Services	
Other	

Organisation Approver

Title
Forename(s)
Surname
Honours Address
Institution
Department
Telephone No. Email Address

Sample

Reviewers

Suggested Reviewers

Please provide details of any Suggested Reviewers for your grant application.

Excluded Reviewers

Please provide details and reason of any Reviewers that should be excluded from your grant application.

Sample

Notes

Your Notes, if any

Any personal comments, details or additional information the Applicant wishes to add to any specific sections of the Application can be inserted here. Please indicate which section you are referring to and the reasons for including more information.

Sample

Declaration

- I hereby certify that all information included in the online Application is accurate and complete.
- I certify that I am entitled and/or authorized to disclose all Information provided within the Application.
- I declare to have provided any collaborator involved in the Application with the information about Data Processing attached to the Call for Application in Appendix 1. I also declare that the relevant consents have been gathered in order to be authorized to indicate the personal data of any other collaborator in the Application.

Full Name	
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Place/Date	
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Sample