



APPLICATION FORM

for

ESC

ATHEROTHROMBOSIS RESEARCH GRANT

5. Title of the Research Study

6. Applicant's academic record (in date order) :

<u>Academic Institution</u>	<u>Degree(s) gained</u>	<u>Class</u>	<u>Subject</u>	<u>Year of Award</u>
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7. Postgraduate career including present employment (in date order, earliest first)

<u>Place of work</u>	<u>Posts held</u>	<u>Dates</u>
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8. Details of present appointment

- a. Employer/source of funding
 - b. Tenure (see Note 6)
 - c. Grade/Status
 - d. Date of entry to current grade
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9. Research Experience

10. Publications in refereed journals relevant to this application: state of journal, title and page numbers and names of co-authors (details of papers in press may be added, abstracts can be included).

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11. Please state briefly the considerations that led you to choose the Centre named at Part A (3) (see Note 8).

12. Abstract of research to be undertaken (see Note 9). A detailed research proposal prepared jointly with the proposed supervisor, including appropriate references has to be appended.

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13. Career intentions

14. Period for which the Research Grant is requested
- a. number of months
 - b. starting date
 - c. termination date
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15. Present head or supervisor of department to whom PART B has been passed
- a. Name
 - b. Address
 - c. Telephone number
Telefax number
Email
-
16. Independent referee to whom PART C has been passed (see Note 10)
- a. Name
 - b. Address
 - c. Telephone number
Telefax number
-
17. Administrative officer to whom PART E has been passed
- a. Name
 - b. Address
 - c. Telephone number
Telefax number
-
18. Are you registered for a higher degree or higher professional qualification ? YES / NO
- a. If NO, do you intend to do so ? YES / NO
 - b. If YES, please specify degree/qualification

19. Details of other awards or grants for which you are currently applying

20. Dates of any periods of residence outside Europe

21. Contact address for ESC correspondence:
(delete as appropriate and give complete address) Home / Work

Day-time telephone number

Day-time fax number

Email:

22. Is your health good?

Have you had any serious illness?

Insurance status (sickness and accident)

23. Acceptance and conditions

If my application is successful, I agree to accept the conditions posed by the ESC.

Signature of applicant:

Date:

You have personal data, which is, according to the Law on data processing and Civil Liberties 78-17 of 6 January 1978 modified, registered with the European Society of Cardiology (ESC). The information you supply will be held in the ESC customer data files and may be used for marketing and communication purposes by the ESC only. You have the absolute right to access, amend and oppose any use of this personal data by writing to the ESC at the address mentioned below or by email at usercontact@escardio.org

European Society of Cardiology - Customer Relations Group
2035 Route des Colles - Les Templiers - BP 179 - 06903 Sophia Antipolis Cedex - France

Applicant's name : _____

APPLICATION FOR ESC ATHEROTHROMBOSIS RESEARCH GRANT

PART B.

APPLICANT: Please pass this sheet (with a copy of PART A) to your PRESENT HEAD OF DEPARTMENT OR SUPERVISOR to complete with a request to forward PART B separately to the ESC, together with one photocopy.

HEAD OF DEPARTMENT OR SUPERVISOR : the above named applicant has applied for an ESC Atherothrombosis Research Grant. Could you please let the ESC have your views, in confidence and in typescript, on the following :

1. Applicant's scientific ability and suitability for a Research Grant, the primary purpose of which is to support for a (further) period of research training.

2. Appropriateness of proposed project and centre

3. Name of Head of Department or Supervisor

4. Address of Department

Telephone number

Fax number

Email

5. Signature of Head of Department or Supervisor

Date

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Applicant's name : _____

APPLICATION FOR ESC ATHEROTHROMBOSIS RESEARCH GRANT

PART C.

APPLICANT : Please pass this sheet (with a copy of PART A) to a REFEREE, who is not attached to your present or proposed host department, to complete with a request to forward PART C separately to the ESC with one photocopy.

REFEREE : the above named candidate has applied for a Research Grant.
Could you please let the ESC have information, in confidence and in typescript, on the following :

1. Your name and title

2. Length of time you have known the candidate

3. Your comments on the candidate's ability and suitability for (further) research training and any other points which you consider would be helpful to the ESC

4. Title and address of your department

Telephone number
Fax number
Email

5. Signature of referee

Date

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EUROPEAN
SOCIETY OF
CARDIOLOGY®



Applicant's name : _____

APPLICATION FOR ESC ATHEROTHROMBOSIS RESEARCH GRANT

PART D.

SUPERVISOR: the above named candidate has applied for an ESC Atherothrombosis Research Grant to be held in your Department. Could you please study the regulations for the Research Grant programme and then let the ESC have information, in confidence and typescript, on the following:

1. Length of time you have known the candidate

2. Can the running expenses of the research project be met from the ESC Atherothrombosis Research Grant?

3. If they cannot, from what source will the deficit be made up?

4. Describe the manner in which the proposed research project has evolved and the contribution of the applicant

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5. State your view on the candidate's ability and suitability for (further) research training and on any relevant points which you consider would be helpful to the ESC

6. CLINICAL APPLICANTS ONLY

1. Would an honorary clinical contract be sought for the candidate ? YES / NO
If YES please indicate
- | | |
|-----------------------|----|
| a. Level | a. |
| b. number of sessions | b. |
| c. specialty | c. |
| d. health authority | d. |

2. Would the project involve human subjects ? YES / NO

If YES please attach evidence of local ethical committee approval or explain why in your view this is not required

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7. Name and title of
- a. Head or Supervisor of Department
- b. Supervisor
- Address of Department

Telephone number
Fax number
Email

-
8. I confirm that I support this application and that if an award is made, the candidate would be accepted in the Department in accordance with the regulations and terms of employment for ESC Atherothrombosis Research Grants

Signature of Head or Supervisor of Department (7a) Date

9. Signature of Supervisor (7b) Date

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Applicant's name : _____

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PART E.

APPLICANT: Please enter below the name of the Department in which you wish to hold a Research working period and pass this sheet (with a copy of the regulations and a copy of PART A) to the appropriate ADMINISTRATIVE OFFICER (e.g. Finance Officer, Registrar, Bursar, Secretary, Director) of the proposed host institution. When signed, Part E should be attached to PART A of your application for submission to the ESC.

ADMINISTRATIVE OFFICER: the above named candidate is applying for an ESC Atherothrombosis Research Grant to be used during a research period held at:

Department :

Institution :

An award under this scheme is normally administered through the medium of a fixed-term contract of employment for the research period, entered between the research grant awardee and the host institution. If an award is made, the ESC would of course liaise with the host institution on the salary level (see 2 below), starting date and detailed administrative arrangements, but before the application can be considered it is necessary to have the confirmation below that the host institution would be willing, in principle, to offer an appointment.

1. I have read the details of the ESC Atherothrombosis Research Grant programme and confirm that if the above named candidate is awarded a Research Grant he will be offered an appointment by this institution for the research period.
2. The candidate would be appointed at a of Euros 50,000.- p.a. (pro rata) provided by the ESC
3. Statement whether health insurance (sickness and accident) is provided by the employing institution or whether it is on the applicant's own discretion and obligation.

Signature :

Date

Finance officer/Registrar/Bursar/Secretary/Director * (Please delete as appropriate)

Please add: Name and initials

Institution

Address

Telephone number

Fax number

Email

Name and address and telephone number of the officer who should be contacted regarding the administration of the Research Grant if different from the above:

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