



## Diabetes Research Grant Application Form

### Overview

Applicant Name	
Project title	
Amount requested NOK	
Start date	
Institution/University	
Email	



## Diabetes Research Grant – Application Form

### I. Applicant information

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

### 2. Institutional information

#### Institution where the research will be carried out

<b>Institution/University:</b>	<b>Department (name &amp; address):</b>
<b>Contact address:</b>	<b>Postcode &amp; City:</b>

#### Head of Department and Department/Institution Authority

<b>Title:</b>	<b>First Name:</b>	<b>Last Name:</b>
<b>Address (including institution):</b>		
<b>Postcode &amp; City:</b>	<b>Telephone:</b>	<b>Email:</b>
<b>Position:</b>		



### 3. Research project

Title of the project:

Type of grant:

Basic  Clinical

Proposed start date:

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Does the proposal predominantly relate to:

Type 1 diabetes  Type 2 diabetes

Key words:

#### Scientific Summary/Abstract

Maximum 1 700 character.

#### Lay Summary:

Describe the proposed research in simple terms that can be understood by a general audience. Maximum 2 100 character.



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**Describe the relevance of the project to diabetes and its potential benefit to people living with diabetes:**  
Maximum 4 600 character.



**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.





Are there any supporting figures?

Yes  No

If yes, please list documents attached:

References:



**Budgets and costs NOK**

Total amount requested:

**Breakdown of Costs**

Salaries:

Materials and consumables:

Animal purchase and maintenance:

Equipment:

Other:

Detailed breakdown of costs and justification:







Has this application previously been submitted elsewhere?

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)**

<b>Title:</b>	<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>		
<b>Postcode &amp; City:</b>	<b>Telephone:</b>	<b>Email:</b>
<b>Position:</b>		



**CURRICULUM VITAE FOR .....**

**PERSONAL DETAILS**

<b>Department:</b>	<b>Institution/University:</b>	<b>Email:</b>
<b>Address:</b>		
<b>Postcode &amp; City:</b>	<b>Telephone:</b>	<b>Mobile:</b>
<b>Position:</b>		

**ACADEMIC CAREER** (list most recent first)

<b>Date:</b>	<b>Career details with name of institution:</b>

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

<b>Date:</b>	<b>Details:</b>





MEMBERSHIP OF PROFESSIONAL ASSOCIATION	
Date:	Details:

**Please send this application form together with the digitally signed PDF file, Digital signature page, by e-mail to the following address:**

**research@diabeteswellness.se**

**Please quote 'Diabetes Research Grant – Norway' in the email title.**