

APPLICATION FOR RESEARCH FUNDING

TITLE							
SUM APPLIED FOR: Year 1 Year 2 Year 3 _							
APPLICANT'S CONTACT INFORMATION							
Name	Tel.						
Email	Personal identity code						
STAGE OF APPLICANT'S CAREER:							
RESEARCH INSTITUTE AND ITS FULL ADDRESS							
DIRECTOR OF THE RESEARCH INSTITUTE							
Name	Email						
CONTACT PERSON FOR FINANCIAL MATTERS							
Name	Email						
SHORT SUMMARY OF THE RESEARCH RESULTS FROM THE PAS	T TWO YEARS RELEVANT TO THE APPLICATION						



SHORT SUMMARY OF THE RESEARCH PLAN WITH SPECIAL EMPHASIS TO THE ACTIVITIES OF THE BLOOD SERVICE					

MEMBERS OF THE RESEARCH GROUP (* for those to whom salary or personal grant are applied] None/Salary/ Personal identity code*							
Name	Date of birth	Degree	% of working time	Grant*	r croonar racinity coac		



PARTNERS								
Name			Institute					
ESTIMATED COST FOR THE ENTIRE PERIOD CONCERNED								
Please give the names and dates o institute's finance department, but presented in the research plan.	f birth of persons who would receive not exceeding 15% of the applied s	ve a personal gra sum. Further grou	nt or would be em inds for other cost	ployed. Overhead cannot exceed t s can be	he amount stated by the research			
Type of cost	Year 1	Year 2		Year 3	Total			
Personal grant - Name								
Salary - Name								
Research costs - Short summary of cost items								
Travel expenses								
Overhead (not to exceed 15% of the total sum)								
Total								
I CONFIRM THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT AND THAT I WILL FOLLOW THE INSTRUCTIONS GIVEN BY THE FUNDER AND REPORT THE RESEARCH RESULTS AS INSTRUCTED.								
Name Date								

The application form should be filled in as completely as possible and sent to kirjaamo@veripalvelu.fi, more instructions can be found at www.bloodservice.fi/Research Projects.