

APPLICATION FOR RESEARCH FUNDING

TITLE

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SUM APPLIED FOR: Year 1 _____ Year 2 _____ Year 3 _____

APPLICANT'S CONTACT INFORMATION

Name	Tel.
Email	Date of Birth

STAGE OF APPLICANT'S CAREER:

RESEARCH INSTITUTE AND FULL ADDRESS

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DIRECTOR OF THE RESEARCH INSTITUTE

Name	Email
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CONTACT PERSON FOR FINANCIAL MATTERS

Name	Email
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SHORT SUMMARY OF THE RESEARCH RESULTS FROM THE PAST TWO YEARS RELEVANT TO THE APPLICATION

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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]

Name	Date of birth	Degree	% of working time	None/Salary/ Grant*	Personal identity code*

PARTNERS

Name	Institute

ESTIMATED COST FOR THE ENTIRE PERIOD CONCERNED

Please give the names and dates of birth of persons who would receive a personal grant or would be employed. Overhead cannot exceed the amount stated by the research institute's finance department, but not exceeding 15% of the applied sum. Further grounds for other costs can be presented in the research plan.

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.

I hereby give consent that my personal information can be stored in the Blood Service Research Fund portal.

Name	Date
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The application form should be filled and sent to kirjaamo@veripalvelu.fi.

More instructions can be found at www.bloodservice.fi/research.