**Enclosure 1**

**EULAR Health Professionals research grant application**

1. **Basic data**

|  |  |
| --- | --- |
| **Project title** |       |
| Requested start |       |
| Requested duration |       |
| Requested funding (€) |       |
| **Project leader**Name, first name |       |
| Academic degree |       |
| Present academic post |       |
| Institution |       |
| Work address |       |
| Telephone |       |
| Email address |       |

The project leader confirms herby that the information given is accurate to the best of his/her knowledge including the attachments, and accepts the terms mentioned in the guidelines under which the award is given.

Place, date       Signature

**2.Project co-workers personal data (only for research groups)**

|  |  |
| --- | --- |
| **1. Co-worker**Name, first name |       |
| Academic degree |       |
| Present academic post |       |
| Institution |       |
| Work address |       |
| Telephone |       |
| Email address |       |
| **2. Co-worker**Name, first name |       |
| Academic degree |       |
| Present academic post |       |
| Institution |       |
| Work address |       |
| Telephone |       |
| Email address |       |
| **3. Co-worker**Name, first name |       |
| Academic degree |       |
| Present academic post |       |
| Institution |       |
| Work address |       |
| Telephone |       |
| Email address |       |
| **4. Co-worker**Name, first name |       |
| Academic degree |       |
| Present academic post |       |
| Institution |       |
| Work address |       |
| Telephone |       |
| Email address |       |

1. **Participating units and networking**

|  |  |
| --- | --- |
| National networking | Yes No  |
| If yes, with which person/groups/institutions? |       |
| If yes, in which context? |       |
| International networking | Yes No  |
| If yes, with which person/groups/institutions? |       |
| If yes, in which context? |       |

1. **Detailed budget**

Your budget should include all costs associated with the project. Please supply all costs in Euro

(€).

**Please note that EULAR will not fund overhead costs, including remuneration of supervisors.**

|  |  |  |  |
| --- | --- | --- | --- |
| Remuneration / participation to the costs of living\* | EULAR funds | Third party funds | Own funds |
| **Project leader**Name, first name |       |  |
| Estimated working hours |       |
| Remuneration |       |       |       |
| **1. Co-worker**Name, first name |       |  |
| Estimated working hours |       |
| Remuneration |       |       |       |
| **2. Co-worker**Name, first name |       |  |
| Estimated working hours |       |
| Remuneration |       |       |       |
| **3. Co-worker**Name, first name |       |  |
| Estimated working hours |       |
| Remuneration |       |       |       |
| **4. Co-worker**Name, first name |       |  |
| Estimated working hours |       |
| Remuneration |       |       |       |
| **Total remuneration** |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment** | EULAR funds (€) | Third party funds (€) | Own funds (€) |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
|       |       |       |       |
| Total equipment |       |       |       |
| **Materials and consumables** |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
|       |       |       |       |
| Total materials and consumables |       |       |       |
| **Meetings** (please give details regarding purpose, location, attendees) |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Total meetings |       |       |       |
| **Miscellaneous**(please give details) |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Total miscellaneous |       |       |       |
| **Total amounts of project funding**  |       |       |       |

**Breakdown of the EULAR funds by headings**

|  |  |
| --- | --- |
|  | Total in € |
| Remuneration / costs of living  |       |
| Equipment |       |
| Materials and consumables  |       |
| Meetings  |       |
| Miscellaneous  |       |
| **Total EULAR fund** |       |

**Project plan**

Please supply a detailed project outline, using the following headings:

1. Summary
2. Background and rationale for the study, including relation to ongoing EULAR projects in the same area described, if applicable
3. Study aim and research questions
4. Methods
* Design
* Participants
* Assessments
* Intervention (if applicable)
* Data analyses
1. Scientific significance / relevance
2. Clinical significance / relevance
3. Patient-centred approach, i.e. patient involvement in the design of the study, patient-specific outcome measures
4. Timetable and milestones
5. The transferability of the expected results throughout Europe

Practice: Impact on HPRs’ management of people with RMDs in at least 3 countries, from a short and/or long-term perspective,

Research: Impact on future research related to HPRs’ management of people with RMDs and/or whether the project may foster the development of a research network of relevance for the future beyond the period of the project

1. Plan for implementation and dissemination of research results among clinicians and scientists
2. Whether ethical approval is required for this research and, if so, indication on which ethical committee, planned submission date, timeframe