



ACCESS TO INSIGHT

Supporting global haemostasis research

Novo Nordisk Access to Insight Grants & Awards Programme Clinical Research Grant

This application form must be completed in full for you to be considered for the funding of the Novo Nordisk Access to Insight Grants & Awards Programme. An application will be considered for review by the Core Faculty members only if it is submitted with the requested documents, i.e. cover letter, curriculum vitae, and project description. The one-page cover letter should include a description of why you are applying, the research topic, and why you believe your research topic is important. Applicants are eligible to apply only if they will carry out the project at an institution, and if they have that institution's agreement to do so. Funding will be transferred to the institution and not to the applicant.

1. Personal data

1.1 Name of applicant

Title

First name

Middle name

Last name

1.2 Date of birth

1.3 Qualifications

Date obtained

2. Applicant's institution

2.1 Institution/organisation

2.2 Institution address

Street

City

State

Postal code

Country

2.3 Phone (country code, area code, extension)

2.4 Fax

2.5 Email



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3. Official approval by applicant's institution/organisation

3.1 Name

3.2 Title

3.3 Address

Street

City

State

Postal code

Country

I hereby agree with the candidate's proposed funding, if successful, and that the project can be performed in this institute.

Signature

Date

Applicant: I understand and confirm that this project is not considered as investigator initiated trial.

Applicant's signature

Date

Applicant: I certify that the statements in this application are true, complete and accurate to the best of my knowledge. By signing, I agree that, if my application is successful, I will conduct the research according to scientific and ethical standards, I will complete the research in a timely manner, and I will provide progress reports whenever requested.

Applicant's signature

Date

Supervisor of applicant: I certify that the statements in this application are true, complete and accurate to the best of my knowledge.

Applicant's supervisor's signature

Date



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Access to Insight Grant project title

Clinical Research

Start date

End date

Project description (limit 1000 words; no tables, figures, references, etc. permitted)

Please include: title, co-investigators (name, affiliation), specific aims, background and rationale, material and methods, expected results, study hypothesis, planned publication, future research direction linked to project proposal

[Please attach on a separate sheet if necessary. Please do not attach any additional material besides a maximum of two manuscripts (published or in press).]



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Budget estimate

Please list the total budget, and detail the costs for which funding from Novo Nordisk is requested

Funding requested from Novo Nordisk: _____ € (maximum)

Total budget: _____ €

- Personnel: _____ €
- Facilities: _____ €
- Equipment/supplies: _____ €
- Other additional expenses, please specify: _____ €

Financial support from other sources

- I have received support from: _____ to the amount of _____ €
- I will receive support from: _____ to the amount of _____ €
- I have applied for support from: _____ to the amount of _____ €

Additional comments (limit: 50 words)

Please send the signed and completed form together with a cover letter and curriculum vitae (max. 2 pages) containing details about education and positions held and a separate publication list as email attachments to application@access-to-insight.com by the submission deadline. Thank you!