



REGIONE DEL VENETO

Annex A – Application Form

Project title	
Area	<ul style="list-style-type: none">a. Frailty - including prevention, needs assessment and management, rehabilitationb. Optimal care - including management of multi-morbidities and improved medicines management (such as adherence and drug interactions)c. Healthy ageing - including risks factors, healthy lifestyles and self-care
Key words (max 5)	

Principal Investigator	
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Lead Organisation	
Tax code	
VAT number	
Legal Representative	

Duration of the research	1 year 2 years
	Other, specify:
Funding required	

Principal Investigator	(stamp and full signature)
Legal Representative	(stamp and full signature)

A) PRINCIPAL INVESTIGATOR

Family name and first name	
Date of birth dd/mm/yy	
Organisation	
Operational Unit (O.U.)	
Role in the Organisation	
Tel:	
Cell phone:	
E-mail /certified e-mail address	

B) PARTICIPATING OPERATIONAL UNITS – RESEARCH LOCATIONS

Organisation (Healthcare Authority/Hospital/ Institutes of Treatment [IRCCS] and Research/ University/Other)	Operational Unit	Operational Unit Manager

Consent to participating in the projectby the Operational Unit

To be filled in solely by the Operational Units taking part in the project.

The declaration should be filled in by each Operational Unit taking part in the project and signed by the Operational Unit Manager and Legal Representative of the relevant Organisation and Operational Unit. The declaration should be sent to the Principal Investigator who shall include in the project submission the declarations of all participating Operational Units and upload them onto the *On-line Platform*.

The documents must be kept on file by the relevant Organisation of the Principal Investigator and may be consulted by the relevant Departments of CORIS and the Veneto Regional Authority.

Project title	
Principal Investigator	
Operational Unit (O.U.)	
Organisation of the O.U. (Healthcare Authority/Hospital/Organisation for Treatment and Research/ University/Other)	
Signature of the O.U. Manager	(stamp and full signature)
Signature of the Legal Representative of the Organisation of the O.U.	(stamp and full signature)

D)	BACKGROUND AND RATIONALE, INCLUDING AN OVERVIEW OF RELEVANT SCIENTIFIC AND HEALTHCARE LITERATURE AND OF ANY PERTINENT PREVIOUS WORK AND/OR PRELIMINARY DATA AVAILABLE TO SUPPORT THIS RESEARCH PROJECT.	MAX 4000 CHARACTERS
E)	DESCRIPTION OF THE PROJECT AND TARGET AIMS. PLEASE INCLUDE HERE ALSO DETAILS OF YOUR APPROACH TO SUPPORTING THE PROFESSIONAL DEVELOPMENT OF YOUNG RESEARCHERS.	(MAX 4000 CHARACTERS)
F)	PROPOSED APPROACH AND METHODS (ADEQUATELY REFERENCED) TO BE USED IN THE RESEARCH - REFERENCES CAN BE LISTED IN AN ACCOMPANYING ADDITIONAL DOCUMENT).	(MAX 4000 CHARACTERS) (Upload references on the on-line platform)
G)	RESEARCH PLAN (MAXIMUM OF 2 YEARS), DETAILING KEY ACTIVITIES, MILESTONES AND DELIVERY TIMESCALES. A GANTT CHART CAN BE SUPPLIED AS AN ACCOMPANYING ADDITIONAL DOCUMENT. PPI SHOULD ALSO BE DESCRIBED IF APPLICABLE.	(MAX 4000 CHARACTERS) (Upload Gantt Chart on the on-line platform)
H)	PROJECT MANAGEMENT STRUCTURE, DETAILING QUALITY OF THE PARTNERSHIP AND EXTERNAL AND INTERNAL RISK ANALYSIS AND CONTINGENCY PLANNING; PLEASE DESCRIBE YOUNG RESEARCHERS EMPOWERMENT POLICY.	(MAX 4000 CHARACTERS)
I)	EXPECTED RESULTS AND IMPACT FOR THE REGIONAL HEALTHCARE AUTHORITY INCLUDING A DESCRIPTION OF INVOLVEMENT OF STAKEHOLDERS AND A DESCRIPTION OF HOW YOU INTEND TO SUSTAIN THE TRANSLATION OF RESULTS IN THE REGIONAL HEALTH SYSTEM AFTER THE END OF THE PROJECT.	(MAX 4000 CHARACTERS)

J)	CURRICULUM VITAE OF THE PRINCIPAL INVESTIGATOR, LIST OF RELEVANT PUBLICATIONS IN THE LAST FIVE YEARS, 2013-2018 (maximum 8) , ORCID ID (a profile must be created with publications and updated details: https://orcid.org/) TOTAL H-INDEX and H-INDEX FOR PAST 5 YEARS (IN BOTH CASES, GIVE Web of Science or Scopus data)	(Upload CV on the on-line platform)
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K) BUDGET FOR OPERATIONAL UNIT no. #

Costs	Funding required	Co-funding (only for Research or Healthcare Organisations or Entities)	Funding in kind	Total
Permanent employees of a Public Organisation		€		€
Personal recruited for the project (detail in Section L)	€	€		€
Inventoried material (detail in Section L)	€	€		€
Sundry expenses and consumables (detail in Section L)	€	€		€
Publications (detail in Section L) (max.2%)	€	€		€
Expenses for missions/ organization and participation in conferences (detail in Section L) (max. 5%)	€	€		€
TOTAL	€	€		€

(for each operational unit)

L) DESCRIPTION OF THE COSTS OF OPERATIONAL UNIT no. #

(fill in for each operational unit)

Costs	Description
Permanent employees of a Public Organisation	
Personnel recruited for the project	
Inventoried material	
Sundry expenses and consumables	
Publications	
Expenses for missions/ organization and participation in conferences	

Costs	Funding required	Co-funding	Funding in kind	Total
Permanent employees of a Public Organisation		€		€
Personnel recruited for the project	€	€		€
Inventoried material	€	€		€
Sundry expenses and consumables	€	€		€
Publications	€	€		€
Expenses for missions/ organization and participation in conferences	€	€		€
TOTAL	€	€		€

M) TOTAL BUDGET

(sum of the budgets of the individual operational units)

N) CO-FUNDING FORM

[to be filled in for each external co-funding (solely with Research or Healthcare Organisations) and enclosed with the submission, duly signed; do not fill in for co-funding in kind with participating Operational Units]

PROJECT TITLE:

Organisation:

Address:

Post code:

City:

Tax code:

VAT number:

Legal Representative:

Sum of co-funding:

Method of co-funding:

Signature of Legal Representative