## PHRT – Transition Postdoc Fellowship (TPdF) Proposal Form 2021

## Part 1: General Information

**1. Basic data**

|  |  |
| --- | --- |
| **Project title** |       |
| **Amount requested CHF** |       |
| **Starting date**  |       |
| **Duration** |       |
| **Applicant (postdoc)**Surname, first nameAcademic degreeInstitution |  |

The applicant hereby confirms that all the information provided in all parts of this proposal, including the attachments, is true and correct. They were prepared with the consent of the persons involved.

|  |  |
| --- | --- |
| Place, date:       | Signature: |

*Please sign this page, scan it and add it to the PDF of the proposal.*

**2. Applicants' personal data**

**2.1. Applicant** [ ]  **clinical and / or medical partner**

|  |  |
| --- | --- |
| Surname, first nameAcademic degreePositionDate of birthNationality |                       Gender            |
| Social Security Number |       |
| Institute/DepartmentUniversity/InstitutionStreet, NrPC, CityDirect lineOffice lineE-mail |                                          |

**2.2. Hosting Research Group Leader**  [ ]  **clinical and / or medical partner**

|  |  |
| --- | --- |
| Surname, first nameAcademic degreePositionDate of birthNationality |                       Gender            |
| Institute/DepartmentUniversity/InstitutionStreet, NrPC, CityDirect lineOffice lineE-mail |                                               |

**2.3. Co-Applicant 2:** [ ]  **clinical and / or medical partner**

|  |  |
| --- | --- |
| Surname, first nameAcademic degreePositionDate of birthNationality |                       Gender            |
| Institute/DepartmentUniversity/InstitutionStreet, NrPC, CityDirect lineOffice lineE-mail |                                               |

**3. Thematic orientation and scientific networks**

|  |  |
| --- | --- |
| **Discipline(s)** |       |
| **Keywords** |       |
|  |  |
| **International collaboration** | [ ]  yes [ ]  no |
| If yes, with which persons/groups/institutions? |       |
| In which context? |       |
| In which countries? |       |
|  |  |
| **National collaboration** | [ ]  yes [ ]  no |
| If yes, with which persons/groups/institutions? |       |
| In which context? |       |

**4. Research requiring authorizations or notifications**

Please answer all the following questions. If applicable, complete the appropriate forms and attach them, together with the required authorizations and notifications, to the grant application form. Please note that funds will not be released until all necessary permissions and authorizations have been obtained

**4.1 The project involves research on humans.**

(Projects on human subjects, studies using human tissue samples or individual medical data)

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | → Enclose the form *Research on humans* | [ ]  No |

**4.2 The project involves research on vertebrates, decapods or cephalopods.**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | → Enclose the form *Research on animals* | [ ]  No |

**4.3 The project involves research on pathogens or genetically modified
organisms.**

("GMO" as defined in the *Ordinance on the contained use of organisms* CO, Art. 3C) and Annex 1. Pathogens are organisms that can harm humans, animals and plants; )

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | → Enclose the form *GMO and pathogens*. | [ ]  No |

**4.4 The project involves research on human embryonic stem cells.**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | → Enclose the form *Human embryonic stem cells* | [ ]  No |

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## Part 2: Scientific and Technical Information

1. **Abstract
(1 page)**
2. **International standing** of both the applicant and the proposed host group in their field of research **(1 page)**
3. **Research plan**: state of the art, key questions, methods, cooperation with clinics, milestones and expected outcome(s) **(10 pages)**
4. **Data management** (integration / implementation) plan **(max 3 pages)**

|  |
| --- |
| [ ]  **Curriculum vitae** and **publication list** for the last 5 years of the applicant and proposed host group leader [ ]  **Letters of support** stating that the postdoc is welcome and integrated in the research group[ ]  Potential **reviewer** (positive and negative list)[ ]  Link to [**SPHN**](https://sphn.ch/network/projects/) or [**PHRT**](https://www.sfa-phrt.ch/projects) projects of the first phase (2017-2020): please explain the relation of the proposal to approved projects if there is any[ ]        |

**Attachments:**

## PHRT– Transition Postdoc Fellowship Proposal Form 2021

## Part 3: Budget

PHRT will fund **the postdoc salary** and on request, consumables of up to **CHF 10,000** per year.

Postdoc Fellowship projects are limited in time to two years. Unused

allocated funds must be returned after this period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Personnel salary** | **Social charges** | **Consumables\***  | **Total** |
| **Year 1** |       |       |       |       |
| **Year 2**  |       |       |       |       |
| **Sub total** |       |       |       |       |

\* **up to CHF 10,000** per year; use **to be explained** in detail below (rationale consumables)

**Rationale consumables**

**Year 1**

**Year 2**