



Diabetes Research Grant Application Form

Overview

Applicant Name	
Project title	
Amount requested NOK	
Start date	
Institution/University	
Email	



Diabetes Research Grant – Application Form

I. Applicant information

Title:	First Name:	Last Name:
Work address:		
Postcode & City:	Telephone:	Mobile:
Email:	ORCID:	
Position:	Anticipated time commitment on project (Hours/day):	

2. Institutional information

Institution where the research will be carried out

Institution/University:	Department (name & address):
Contact address:	Postcode & City:

Head of Department and Department/Institution Authority

Title:	First Name:	Last Name:
Address (including institution):		
Postcode & City:	Telephone:	Email:
Position:		



3. Research project

Title of the project:

Type of grant:

☐ Basic ☐ Clinical

Proposed start date:

.....

Does the proposal predominantly relate to:

Type 1 diabetes ☐ Type 2 diabetes ☐

Key words:

Scientific Summary/Abstract

Maximum 1 700 character.

Lay Summary:

Describe the proposed research in simple terms that can be understood by a general audience. Maximum 2 100 character.



Describe the relevance of the project to diabetes and its potential benefit to people living with diabetes:

Maximum 4 600 character.



Project details

Does the research involve animals?

☐ Yes ☐ No

If yes, has ethical permission been obtained?

Aims & Objectives of the proposal:

Plan of study – please describe the plan of investigation and expected outcome.

Where relevant please attach **maximum 2 pages** of supporting data/figures as supplementary.



Plan of study – please describe the plan of investigation and expected outcome.

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Are there any supporting figures?

☐ Yes ☐ No

If yes, please list documents attached:

References:



Budgets and costs NOK

Total amount requested:

Breakdown of Costs

Salaries:

Materials and consumables:

Animal purchase and maintenance:

Equipment:

Other:

Please clearly outline how the requested funds will cover the proposed work:

Maximum 1 000 character.



Current sources of funding

If you have previously received funding from the Diabetes Wellness Suomi, please complete the table below

Date of award	Project title	Amount

Please provide details of all active and past grants:

Name of grant	Date of award	Duration	Amount



Has this application previously been submitted elsewhere including the Diabetes Wellness Suomi?

If yes, please outline the main changes/updates made to the current application with reference to the previous application.

Are you currently applying elsewhere for funding to support the work relating to the present proposal?

If yes, please give details:

4. Financial information

Financial Administration (Please provide details of the officer who should be contacted for payment if the grant is awarded)

Title:	First Name:	Last Name:
Address:		
Postcode & City:	Telephone:	Email:
Position:		



CURRICULUM VITAE FOR

PERSONAL DETAILS

Department:	Institution/University:	Email:
Address:		
Postcode & City:	Telephone:	Mobile:
Position:		

ACADEMIC CAREER (list most recent first)

Date:	Career details with name of institution:

QUALIFICATIONS (include relevant training, certifications and date for PhD qualification)

Date:	Details:





MEMBERSHIP OF PROFESSIONAL ASSOCIATION	
Date:	Details:

Please send this application form together with the digitally signed PDF file, Digital signature page, by e-mail to the following address:

submit@diabeteswellness.se

Please quote 'Diabetes Research Grant – Norway' in the email title.