**APPLICATION FORM**

**for**

**HCEMM Research Group Leaders**

Proposal Title: XXX

Proposal acronym: XXX

Principal Investigator: XXX

Hosting institution: XXX

**PART A. General information on the Proposal**

**1. Proposal acronym**

|  |
| --- |
| *Maxium 10 characters.* |

**2. Proposal title**

|  |
| --- |
| *The title should be no longer than 200 characters (with spaces) and should be understandable to the non-specialist in your field.* |

**3. Thematic pillar**

|  |
| --- |
| *Please select: Immuno-inflammatory diseases OR Cardio-metabolic diseases OR Cancer and genomic instability* |

**4. Research group category**

|  |
| --- |
| *Please select: Senior OR Junior OR Translational* |

**5. Abstract**

|  |
| --- |
| *The abstract (summary) should, at a glance, provide the reader with a clear understanding of the objectives of the proposal and how they will be achieved. The abstract will be used as the short description of your proposal in the evaluation process and in communications to contact in particular the potential experts reviewing the proposals; it must therefore be short and precise and should not contain confidential information. Please use plain typed text, avoiding formulae and other special characters. The abstract must be written in English. There is a limit of 2000 characters (spaces and line breaks included).* |

In order to best review your application, please confirm (**underline**):

I agree that the above non-confidential proposal title and abstract can be used, without disclosing your identity, when contacting reviewers:

* YES
* NO

**PART B. Administrative data on the Principal investigator**

**1. Personal data**

* **Name**

|  |
| --- |
|  |

* **Gender**

|  |
| --- |
|  |

* **Date and place of birth**

|  |
| --- |
|  |

**2. Scientific data**

* **Current organization name and address (street, town, postcode, country**

|  |
| --- |
|  |

* **Current department/faculty/institute/laboratory name**

|  |
| --- |
|  |

* **ORCID ID (if available)**

|  |
| --- |
|  |

* **Any other research ID (if available)**

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| --- |
|  |

* **Email, webpage**

|  |
| --- |
|  |

* **Phone(s)**

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| --- |
|  |

**PART C. Administrative data on the hosting institution**

**1. PIC**

|  |
| --- |
|  |

**2. Legal name**

|  |
| --- |
|  |

**3. Address (street, town, postcode, country, email, webpage)**

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**4. Name and address (street, town, postcode, country, email, webpage) of department in which the proposed work is to be carried out**

|  |
| --- |
|  |

**5. Contact person (name, position, department, street, town, postcode, country, email)**

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**PART D. Curriculum vitae of the Principal investigator**

*[Maximum 3 pages. The template below is provided only for guidance. Feel free to modify as necessary and appropriate.]*

**PERSONAL INFORMATION**

Family name, First name:

Researcher unique identifier(s) (such as ORCID, Research ID, etc. ...):

Nationality:

URL for web site:

**EDUCATION**

200? PhD

Name of Faculty/ Department, Name of University/ Institution, Country Name of PhD Supervisor

199? University diploma

Name of Faculty/ Department, Name of University/ Institution, Country

**CURRENT POSITION(S)**

201? – Current Position

Name of Faculty/ Department, Name of University/ Institution/ Country

200? – Current Position

Name of Faculty/ Department, Name of University/ Institution/ Country

**PREVIOUS POSITIONS**

200? – 200? Position held

Name of Faculty/ Department, Name of University/ Institution/ Country

200? – 200? Position held

Name of Faculty/ Department, Name of University/ Institution/ Country

**FELLOWSHIPS**

200? – 200? Scholarship, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

199? – 199? Scholarship, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

**SUPERVISION OF GRADUATE STUDENTS AND POSTDOCTORAL FELLOWS**

200? – 200? Number of Postdocs/ PhD/ Master Students

Name of Faculty/ Department/ Centre, Name of University/ Institution/ Country

**TEACHING ACTIVITIES**

200? – Teaching position – Topic, Name of University/ Institution/ Country

200? – 200? Teaching position – Topic, Name of University/ Institution/ Country

**ORGANIZATION OF SCIENTIFIC MEETINGS**

201? Please specify your role and the name of event / Country

200? Please specify type of event / number of participants / Country

**INSTITUTIONAL RESPONSIBILITIES**

201? – Faculty member, Name of University/ Institution/ Country

201? – 201? Graduate Student Advisor, Name of University/ Institution/ Country

200? – 200? Member of the Faculty Committee, Name of University/ Institution/ Country

200? – 200? Organizer of the Internal Seminar, Name of University/ Institution/ Country

200? – 200? Member of a Committee; role, Name of University/ Institution/ Country

**COMMISSIONS OF TRUST**

201? – Scientific Advisory Board, Name of University/ Institution/ Country

201? – Review Board, Name of University/ Institution/ Country

201? – Review panel member, Name of University/ Institution/ Country

201? – Editorial Board, Name of University/ Institution/ Country

200? – Scientific Advisory Board, Name of University/ Institution/ Country

200? – Reviewer, Name of University/ Institution/ Country

200? – Scientific Evaluation, Name of University/ Institution/ Country

200? – Evaluator, Name of University/ Institution/ Country

**MEMBERSHIPS OF SCIENTIFIC SOCIETIES**

201? – Member, Research Network “Name of Research Network”

200? – Associated Member, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

200? – Founding Member, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

**MAJOR COLLABORATIONS**

Name of collaborators, Topic, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

**OTHER (e.g. significant achievements, awards & decorations, career milestones, etc.)**

**PART E. Funding ID of the Principal investigator**

**ONGOING GRANTS**

*[For each, provide the followings]*

Project title:

Funding source:

Period:

Amount (in Euros):

Role of the Principal investigator:

Relation to the current proposal:

**SUBMITTED GRANT APPLICATIONS**

*[For each, provide the followings]*

Project title:

Funding source:

Period:

Amount (in Euros):

Role of the Principal investigator:

Relation to the current proposal:

**PART F. Scientific achievements of the Principal investigator**

*[Maximum 2 pages. The template below is provided only for guidance. Feel free to modify as necessary and appropriate.]*

**SCIENTOMETRY**

Number of publications

Number of D1 and Q1 publications

Number of first and last authored publications

Number of D1 and Q1 first and last authored publications

Number of citations

Hirsch index

Other relevant indicator(s)

**MAJOR SCIENTIFIC DISCOVERIES**

**OTHER ACHIEVEMENTS**

**PART G. Key publications of the Principal investigator**

**LIST OF 5 KEY PUBLICATIONS FROM THE LAST 5 YEARS**

*[For each publication, provide full bibliography and the number of citations.]*

**LIST OF OTHER KEY PUBLICATIONS (whole career)**

*[PIs should provide max. 10 key publications. For each publication, provide full bibliography and the number of citations.]*

**PART H. Research proposal**

*[Maximum 6 pages, references do not count towards the page limits. The template below is provided only for guidance. Feel free to modify as necessary and appropriate.]*

**STATE OF THE ART AND OBJECTIVES**

**OWN (PUBLISHED & PRELIMINARY) RESULTS LED TO THE CURRENT PROPOSAL**

**HYPOTHESIS AND RESEARCH QUESTIONS**

**METHODOLOGY AND RESEARCH OUTLINE**

**EXPECTED IMPACT**

**RESOURCES TO BE COMMITTED**

**PART I. Budget**

**BUDGET SUMMARY TABLE**

*[Provide the estimated Budget for the 5 years long period in the Table. Provide the numbers in K HUFs (thousands). Note that the maximal annual budget is 40,000 K HUFs for Senior groups and 25,000 K HUFs for Junior and Translational groups].*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cost category | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Personnel |  |  |  |  |  |
| Per diem |  |  |  |  |  |
| Travel, conferences |  |  |  |  |  |
| Consumables |  |  |  |  |  |
| Subcontracting |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Other |  |  |  |  |  |
| TOTAL |  |  |  |  |  |

**JUSTIFICATION OF THE BUDGET**

*[Please provide a detailed explanation for the requested financial support for each budget category].*

**Personnel cost (including e.g. salary of the PI, emloyment cost, other personnel cost)**

**Per diem cost**

**Cost related to travels and conference participation**

**Consumables (including e.g. lab consumables, animals, softwares, etc.)**

**List of items to be subcontracted**

**List of equipment to be purchased**

**Other cost (including e.g. cost related to OA publications)**

**PART J. Ethics table**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. HUMAN EMBRYOS/FOETUSES | Yes | No | Page |
| Does your research involve Human Embryonic Stem Cells (hESCs)? |  |  |  |
| Does your research involve the use of human embryos? |  |  |  |
| Does your research involve the use of human foetal tissues / cells? |  |  |  |
| 2. HUMANS | Yes | No | Page |
| Does your research involve human participants? |  |  |  |
| Does your research involve physical interventions on the study participants? |  |  |  |
| 3. HUMAN CELLS / TISSUES | Yes | No | Page |
| Does your research involve human cells or tissues (other than from Human Embryos/ Foetuses)? |  |  |  |
| 4. PERSONAL DATA | Yes | No | Page |
| Does your research involve personal data collection and/or processing? |  |  |  |
| Does your research involve further processing of previously collected personal data (secondary use)? |  |  |  |
| 5. ANIMALS | Yes | No | Page |
| Does your research involve animals? |  |  |  |
| 6. ENVIRONMENT & HEALTH and SAFETY | Yes | No | Page |
| Does your research involve the use of elements that may cause harm to the environment, to animals or plants? |  |  |  |
| Does your research deal with endangered fauna and/or flora and/or protected areas? |  |  |  |
| Does your research involve the use of elements that may cause harm to humans, including research staff? |  |  |  |
| 7. DUAL USE | Yes | No | Page |
| Does your research involve dual-use items in the sense of Regulation 428/2009, or other items for which an authorisation is required? |  |  |  |
| 8. EXCLUSIVE FOCUS ON CIVIL APPLICATIONS | Yes | No | Page |
| Could your research raise concerns regarding the exclusive focus on civil applications? |  |  |  |
| 9. MISUSE | Yes | No | Page |
| Does your research have the potential for misuse of research results? |  |  |  |
| 10. OTHER ETHICS ISSUES | Yes | No | Page |
| Are there any other ethics issues that should be taken into consideration? Please specify |  |  |  |

Please confirm (**underline**):

I confirm that I have taken into account all ethics issues described above:

* YES
* NO

**PART K. Declarations**

|  |  |
| --- | --- |
| Item | Yes |
| The Principal Investigator declares to have the written consent of all participants on their participation and on the content of this proposal, as well as of any researcher mentioned in the proposal as participating in the project (either as other PI, team member or collaborator).\* |  |
| The Principal Investigator declares that the information contained in this proposal is correct and complete. |  |
| The Principal Investigator declares that all parts of this proposal comply with ethical principles (including the highest standards of research integrity — as set out, for instance, in the European Code of Conduct for Research Integrity and including, in particular, avoiding fabrication, falsification, plagiarism or other research misconduct). |  |
| The Principal Investigator hereby declares that the applicant is exempt from the financial capacity check. |  |
| The Principal Investigator hereby declares that the applicant has confirmed to have the financial and operational capacity to carry out the proposed action. Where the proposal is to be retained for EU funding, the applicant will be required to present a formal declaration in this respect |  |
| The Principal Investigator acknowledges that he/she is only responsible for the correctness of the information relating to his/her own organisation. The applicant remains responsible for the correctness of the information related to him/her and declared above. Where the proposal to be retained for EU funding, the Host Institution will be required to present a formal declaration in this respect. |  |

According to Article 131 of the Financial Regulation of 25 October 2012 on the financial rules applicable to the general budget of the European Union (Official Journal L 298 of 26.10.2012, p. 1) and Article 145 of its Rules of Application (Official Journal L 362, 31.12.2012, p.1) applicants found guilty of misrepresentation may be subject to administrative and financial penalties under certain conditions.

**Personal data protection**

The assessment of your grant application will involve the collection and processing of personal data (such as your name, address and CV), which will be performed pursuant to Regulation (EC) No 45/2001 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. Unless indicated otherwise, your replies to the questions in this form and any personal data requested are required to assess your grant application in accordance with the specifications of the call for proposals and will be processed solely for that purpose. Applicants may lodge a complaint about the processing of their personal data with the European Data Protection Supervisor at any time.

Your personal data may be registered in the Early Detection and Exclusion system of the European Commission (EDES), the new system established by the Commission to reinforce the protection of the Union's financial interests and to ensure sound financial management, in accordance with the provisions of articles 105a and 108 of the revised EU Financial Regulation (FR) (Regulation (EU, EURATOM) 2015/1929 of the European Parliament and of the Council of 28 October 2015 amending Regulation (EU, EURATOM) No 966/2012) and articles 143 - 144 of the corresponding Rules of Application (RAP) (COMMISSION DELEGATED REGULATION (EU) 2015/2462 of 30 October 2015 amending Delegated Regulation (EU) No 1268/2012).

Please confirm (**underline**):

I confirm that I have taken into account all issues described above:

* YES
* NO