# ASAS Research Grant

# application form

# This application is only open to ASAS members

#### Part 1. To be completed by the applicant

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| Name (in full, surname first): |  |
| Date of birth: |  |
| **Name and address of the institution you *currently* work at, as well as your contact information:** |  |
| **Home address:** |  |
| **Phone:** |  |
| **E-mail:** |  |
| **Nationality:** |  |
| **Are you an associate or a full ASAS member?** |  |
| **Date of submission:** |  |

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| **Qualifications:**  *Provide information about your medical education, residencies, training etc.* |
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| **Current status/position:**  *Provide information about your current clinical and/or scientific work* |
| Are you currently receiving personal (financial) compensation from ASAS-funded projects?  Yes \_\_\_\_\_ No \_\_\_\_\_  If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Research experience:**  *Provide information that reflects your interest in the field of spondyloarthritis* |
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| **Other fellowships you have received:**  *Note N.A. if you have not* |
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| **Publications:**  *Include oral presentations and publications (including those that are in press)* |
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| **Name of your mentor (in your institution if the ASAS research project is performed there; of a host center if you will travel for the ASAS research project):**  **Name of the research project that you will undertake:**  **Start and end dates of the project:** |  |

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| **State briefly your career intentions:** |
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| **Personal statement of motivation:** |
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**Part 2. To be completed by the applicant and the mentor at the institution**

**(applicant’s institution if the ASAS research project is undertaken there; of a host center if the applicant will travel for the ASAS research project)**

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| **Executive project summary:**  *Provide a structured summary with background, aims, patients and methods, and expectations* |
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| **Goal or hypothesis:**  *Provide information about the main and secondary aims of your proposed project* |
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| **Global work plan for the entire project:**  *Provide information about study design, study population (if appropriate) with in- and exclusion criteria, outcome measures or tests/assays, analyses to be performed, statistical power considerations, milestones and timelines, and expected end product.* |
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| **Interest for ASAS:**  *Provide information that clarifies why this project should be performed as an ASAS-funded project. Provide also information that clarifies why patients with spondyloarthritis may benefit from this project* |
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**Part 3A. To be completed by the mentor in the institution**

**(applicant’s institution if the ASAS research project is undertaken there; of a host center if the applicant will travel for the ASAS research project)**

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| Applicant’s name: |  |

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| **Please give your comments on the applicant’s scientific ability and suitability for the ASAS Research Grant. Please also include any other points you consider would be helpful.**  Provide information that will help us in judging why this applicant will be an asset for research in the field of spondyloarthritis |
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| Name of the mentor: |  |
| Is the mentor an associate or a full ASAS member? |  |
| Mentor’s office address: |  |
| **Phone:** |  |
| **E-mail:** |  |
| **Date:** |  |
| ***I herewith declare that I have designed this proposal together with the applicant, that I agree with it, that I agree with the applicant’s candidacy, and that I accept the applicant coming to/staying at my institution/department for the intended period of the ASAS Research Grant. I also declare that the funding will be used only to support travel, accommodation (if applicable, i.e. if the applicant is going to another center) and livings costs of the grant recipient.*** | |
| **Mentor’s signature:** |  |

**Part 3B: Only to be completed by the legal head of department if the supervisor mentioned above is not the legal head of department**

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| Name of the head of department: |  |
| **Phone:** |  |
| **E-mail:** |  |
| **Date:** |  |
| ***I herewith declare that I have taken notice of this project proposal, that I agree with it, and that I accept the applicant coming to/staying at my institution/department for the intended period of the ASAS research project*** | |
| **Signature:** |  |

Please send the completed and signed form to ‘mail@asas-group.org’. In addition, please also send the following documents: applicant CV and mentor CV.