|  |
| --- |
| **Networking Support Scheme****Small support scheme for networking initiatives to share knowledge on rare diseases** |
| **Application Template** |
| Please read the Call text of the Networking Support Scheme and the instructions for the ZonMw electronic application system  Projectnet Light carefully on: <http://www.ejprarediseases.org/index.php/networking-support/>After completing this application template,  upload the PDF of this completed template on Projectnet light:<http://projectnet.zonmw.nl/projectnet/servlet/projectnet?subsidyGuide&id=200003287> |
| For questions concerning content: Read the Frequently Asked Questions (FAQ) on: <http://www.ejprarediseases.org/index.php/networking-support/>or contact the Networking Support Scheme Secretariat at ZonMw, the Netherlands:Tel: + 31 70 515 03 30E-mail: NSSS@zonmw.nlFor questions concerning ProjectNet light (after having read the instructions):ProjectNet servicedeskTel: + 31 70 349 51 78E-mail: [servicedesk@zonmw.nl](file:///%5C%5CFILESERVER-03%5Cg-%24%5CTranslationeel%20Onderzoek%5C4%20EJP%20RD%5C03%20Project%5C03%20Work%20packages%5CPillar%201%5CWP7%5CWP7%5CDOCS%20final%20versions%5Cservicedesk%40zonmw.nl) |
| This Initiative has received funding from the European Union's Horizon 2020 research and Innovation Programme under grant agreement N ° 825575http://www.ejprarediseases.org/wp-content/uploads/2019/02/langfr-225px-Flag_of_Europe.svg_-e1550656025583.png |

# Checklist for The Principal Applicant

***In order to make sure that your proposal will be eligible for this call, please (collect the information required to and) tick all the sections below before starting to complete this application form. This is obligatory information to be eligible.***

[ ] I agree that personal data submitted for the consortium members will be used during the whole evaluation and contract negotiation process, and during the lifetime of the project if granted, in line with the General Data Protection Regulation (GDPR) and Horizon 2020 rules.

[ ] I also agree that personal data have to be processed properly (including contact details of participants of the networking event in registration forms). No personal data will be disseminated in the presentations shown in the networking event. I will take care that participants of the networking event will be aware for which purpose their contact details are used and will be informed upfront. If the contact details will be used for other purposes (e.g. sending newsletters, or sharing with others), I will need the consent of the participants.

[ ]  I agree that the public lay summary of the application will be published on the website of the European Joint Programme on Rare diseases ([www.ejprarediseases.org](http://www.ejprarediseases.org)) when the Networking event will be selected.

[ ]  I agree that the presentations and the outcomes of the Networking event-when selected-will be published on the website of the European Joint Programme on Rare diseases ([www.ejprarediseases.org](http://www.ejprarediseases.org)) with the possibility to remove confidential information before publishing.

**Proposal meets aims of the Networking Support Scheme**

[ ] The proposed networking event addresses a (group of) rare disease(s) or a (group of) rare cancer(s) according to the definitions mentioned in the Call text of the Networking Support Scheme or a cohort(s) of undiagnosed patients that are suspected of suffering from a rare disease/rare diseases.

[ ]  Encourages sharing of knowledge on rare diseases to support health care professionals, researchers and patient advocacy organizations with a networking budget to organize themselves into transnational (clinical) research networks that focus on a (group of) rare disease (s), a (group of) rare cancer (s) or on cohorts of undiagnosed patients that are suspected of suffering from a rare disease/rare diseases. The Networking Support Scheme also aims to enable or increase the participation of usually underrepresented countries in Europe in new and in existing research networks on rare disease (s) or rare cancer (s).

**Ethical Standards**

[ ]  **The content and outcomes of the proposed networking event 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 eligibility and composition of the consortium**

[ ] The organisation of the Principal applicant is a legal entity and established in a country that participates in the EJP RD (see Annex 1, Table A of the Call text of the Networking Support Scheme).

[ ] The application for the networking event involves at least 3 eligible applicants (the principal applicant and at least two co-applicants) from **at least 3 different countries** participating in the EJP RD at the time of application (see Annex 1, Table A). In total the consortium may consist of a maximum of 10 applicants: 1 Principal applicant and 9 co-applicants.

[ ] The networking event will take place at least 6 months and at maximum 18 months after the application date**.**

**The maximum amount of requested budget**

[ ] The budget for the networking event requested at the Networking Support Scheme Secretariat of the EJP RD (ZonMw) does not exceed 30,000 euros maximum, inclusive of any VAT that is due.

 **Please note:**

* **Do not forget to sign the application form on the final page of this application**
* **Proposals that do not meet the eligibility criteria and requirements will be declined without further review. All fields must be completed using Century Gothic 11, single-spaced, margins of 2.54 cm.**
* **Incomplete proposals, proposals using a different format or exceeding length limitations of any sections will be rejected without further review.**
* **Once completed,the proposal must be converted into a single PDF document before being uploaded to the submission website.**

**In case of inconsistency between the information registered in the submission tool and the information included in the PDF of this application form, the information in the PDF of this application form shall prevail.**

# The Networking Meeting

1. Title of the Networking event

Click or tap to enter text.

1. In the EJP RD Networking Support Scheme the application is

[ ]  a new networking event

[ ]  A satellite network meeting back to back of another meeting

[ ]  a resubmission from a previous application:

[ ] 2020 Q1 [ ]  2020 Q2 [ ]  2020 Q3 [ ]  2020 Q4 [ ]  2021 Q1

With the previous title

|  |
| --- |
|  Click or tap to enter text. |

[ ]  a follow-up of an event granted before in the Networking Support Scheme

With the previous title

|  |
| --- |
|  Click or tap to enter text. |

[ ]  a new networking event/satellite meeting in the EJP RD Networking Support Scheme but from a group that has been granted before in the Networking Support Scheme; this new networking event/satellite meeting has different objectives.

The previous networking event was titled

|  |
| --- |
|  Click or tap to enter text. |

1. Public Lay Summary

To be published online on the website of the EJP RD if the application is granted. (*< 1600 characters incl. spaces*).

|  |
| --- |
| Click or tap to enter text. |

1. The Networking Event will address (A or B or C)

**A The following (group of) rare disease (s)**

|  |
| --- |
|  Click or tap to enter text. |

Please also indicate the ORPHA code if possible (<https://www.orpha.net/>)

|  |
| --- |
| ORPHA Click or tap to enter text. |

**B The following (group of) rare cancer (s)**

Please use the names as indicated in the list of rarecarenet
([RARECARENet - Cancer List (istitutotumori.mi.it)](http://rarecarenet.istitutotumori.mi.it/rarecarenet/index.php/cancerlist))

|  |
| --- |
|  Click or tap to enter text. |

**C cohorts of undiagnosed patients that are suspected of suffering from a rare disease/rare diseases** **within the following medical domain (s):**

Neurology, Musculoskeletal diseases, Metabolic diseases, Rheumatology, cardiology/­Vascular diseases, haematology/immunology, dysmorphology, nephrology/Urology, Pulmonary/Respiratory diseases, Ophthalmology, endocrinology, dermatology, Gastro­enterology, otolaryngology, Gynaecology, Psychiatry/Psychology, Other disease area:

Please indicate the medical domain (s)**:**

|  |
| --- |
|  Click or tap to enter text. |

1. The content of the networking event can be identified by the following (3-7) key­words like medical domain, approach (es), tools (animal models, omics, etc.), name of ERN if involved

|  |
| --- |
|  Click or tap to enter text. |

1. Where (country, city) will the networking event be organised, if already
 decided or envisioned?

(See Call text Annex 1 A and B for potential countries)

|  |
| --- |
|  Click or tap to enter text. |

1. Proposed number of days, Proposed date (s) of the networking event and number of expected participants per day

|  |  |  |
| --- | --- | --- |
| Day No | Proposed Date and Year \* | # expected participants per day |
|  | Click or tap to enter text. | Click or tap to enter text. |
|  | Click or tap to enter text. | Click or tap to enter text. |
|  | Click or tap to enter text. | Click or tap to enter text. |

*\* At least 6 months after date of application; Not later than 18 months after date of application*

1. Describe the Networking Event

*Max. 5 pages DIN-A4 for items 8a-I, Century Gothic 11, single-spaced, and margins of 2.54 cm. Item 8j (REFERENCES) is not included in the max. 5 pages)*

**Description of the networking event. The following subcategories must be used in the description, preferably with these subcategories as title. ALL subcategories must be described.**

1. Background, present state of the art in the research field and preliminary results obtained by the applicants; Earlier collaborations between the applicants, etc.
2. Objectives of the networking event, the rational and highlighting the novelty, originality and feasibility of the networking event; please also indicate how does this event make a difference.
3. (Draft) programme/agenda of the networking event which indicates the structure and further specifications of the networking event;
4. Description of the unmet medical and patient need that is addressed by the proposed networking event and the potential health impact that the results of the networking event may have;
5. Added value of the transnational collaboration, choice of participants to be invited and way of communication to invite participants, inclusion of participants from countries involved in the EJP RD that are usually underrepresented in networks (Armenia, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Serbia, Slovakia, Slovenia and Turkey);
6. Active and meaningful engagement of knowledge-users in the event and active and meaningful engagement of Early Career Scientists in the event;
7. Description of involved patient advocacy organisation (s), including their role and contribution; Please explain when the involvement of patient advocacy Organisation (s) is not relevant;
8. Description of involved industry (when relevant);
9. Proposed outcomes of the event and dissemination of the outcomes. Risk Management Plan in case objectives of the event cannot be met;
10. Sustainability or extension of the research network after the networking event and/or use of the expected results for future work in the field.
11. Relevant references, please use Vancouver Style (see: International Committee of Medical Journal Editors. Uniform Requirements for manuscripts submitted to Biomedical Journals. NEJM 1997; 336:309-15) and include PUBMED IDs;

|  |
| --- |
| *Page limit a-i: max 5 pages; Please place your text under the indicated subtitles*1. **Background, present state of the art and preliminary results**
2. **Objectives of the Networking event; also indicate how does this event make a difference**
3. **(Draft) programme/agenda of the Networking event with the structure and further specifications of the networking event**
4. **Description of the unmet medical and patient need that is addressed by the proposed networking event and potential health impact**
5. **Added value of the transnational collaboration, choice of participants to be invited and way of communication to invite participants, inclusion of participants from countries involved in the EJP RD that are usually underrepresented in networks**
6. **Active and meaningful engagement of knowledge-users and Early Career Scientists in the networking event**
7. **Description of involved patient advocacy Organisation (s)**
8. **Description of involved industry (when relevant)**
9. **Proposed outcomes of the event and dissemination of the outcomes. Risk Management Plan in case objectives of the event cannot be met**
10. **Sustainability or extension of the research network after the networking event and/or use of the expected results for future work in the field**
11. **Relevant references, please use Vancouver Style and include PUBMED IDs**

*No page limit for 8k* |

1. In Case of
* **A re-application of an earlier rejected application** in the Networking Support Scheme:
Please indicate what you have revised in the current application – Use the suggestions of the summary review of the rejected application.
* **A follow-up event** of a previously funded networking event/satellite meeting or
* **A request for another networking event with other objectives but from the same group** of applicants that has been granted earlier:

Please describe the results of the networking event that was granted earlier.

*You may use 1 additional page (DIN-A4, Century Gothic 11, single-spaced, and margins of 2.54 cm for item 9. In total you may use 6 pages for items 8a-i plus 9.*

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| Click or tap to enter text. |

# Ethics

1. Questions on ethics (obligatory information)

The networking event is limited to discussing research results. This section on ethics is obligatory to fill in within the European Joint Programme on Rare Diseases.

*Please check the information in the coloured rows and complete the blank rows. Please put in the last column the number(s) of the relevant page(s) in this application if you have stated YES.*

1. Identifying ethics issues

|  |  |  |
| --- | --- | --- |
| **Section 1: HUMAN EMBRYOS/FOETUSES**  | **NO** |  |
| **Section 2: HUMANS** | YES | Page |
| **Section 3: HUMAN CELLS / TISSUES** | NO |  |
| **Section 4: PERSONAL DATA** | YES | Page |
| **Does this research involve personal data collection and/or processing?** |  |  |
| **If YES:** | - Does it involve the collection and/or processing of sensitive personal data *(e.g. health, sexual lifestyle, ethnicity, political opinion, religious or philosophical conviction)*? |  |  |
| - Does it involve processing of genetic information? |  |  |
| - Does it involve tracking or observation of participants? |  |  |
| **Does this research involve further processing of previously collected personal data (secondary use)?** |  |  |
| **Section 5: ANIMALS** | NO |  |
| **Section 6: THIRD COUNTRIES** | YES/NO | Page |
| **Is it planned to import any material – including personal data – from non-EU countries into the EU?** |  |  |
| **If Yes**: | *Specify material and countries involved*  |  |  |
| **Is it planned to export any material – including personal data –from the EU to non-EU countries?** |  |  |
| **In case this research involves** [**low and/or lower-middle income countries**](http://data.worldbank.org/about/country-classifications/country-and-lending-groups)**, are any benefit-sharing actions planned?**  |  |  |
| **Could the situation in the country put the individuals taking part in the research at risk?** |  |  |
| **Section 7: ENVIRONMENT & HEALTH AND SAFETY** | NO |  |
| **Section 8: DUAL USE** | NO |  |
| **Section 9: EXCLUSIVE FOCUS ON CIVIL APPLICATIONS** | YES |  |
| **Section 10: MISUSE** | NO |  |
| **Section 11: OTHER ETHICS ISSUES**  | NO |  |
| **Are there any other ethics issues that should be taken into consideration?** *Please specify:*  |  |  |

2. Use of Human Embryos, Human Embryonic Stem Cells, Human Cloning, altering genetic heritage, or other research excluded from funding.

[ ]  YES
[ ]  NO
X Not applicable

*If you wish to explain your answer to item 10 (Questions on ethics) you may use 1 additional page (DIN-A4, Century Gothic 11, single-spaced, and margins of 2.54 cm). This is not mandatory to fill in.*

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| Click or tap to enter text. |

# Applicants

11. Principal Applicant (obligatory information)

(See Call text Annex 1, Table A for eligible countries where legal organisation of Principal Applicant must be established)

|  |  |
| --- | --- |
| Family Name, First Name |  Click or tap to enter text. |
| Gender (male, female, other) | Click or tap to enter text. |
| Institution | Click or tap to enter text. |
| Department |  Click or tap to enter text. |
| Position |  Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Zip Code, City Country |  Click or tap to enter text. |
| Phone |  Click or tap to enter text. |
| E-mail Address |  Click or tap to enter text. |
| Types of entity | Choose an item. | Choose an item. |
| Early Career Scientist[[1]](#footnote-1) | [ ]  |

**Brief CV and role of the Principal applicant in the organisation of the networking event** including a description of the main domain of research and a list of maximum 5 publications within the last five years that are most relevant to the aim of the proposed networking event. Please include dates/requirements for the identification of Early Career Scientist. In case the Principal applicant is a PAO representative a list of publications is not needed.

(*once converted into PDF document: max. 1 PAGE DIN-A4, Century Gothic 11, single-spaced, margins or 2.54 cm*)

|  |
| --- |
| Click or tap to enter text. |

12A. Co-applicant 1 from EJP RD participating countries – obligatory information
 (see Call text Annex 1, Table A for eligible countries where legal organisation of co-applicant must be established)

|  |  |
| --- | --- |
| Family Name, First Name | Click or tap to enter text. |
| Gender (male, female, other) | Click or tap to enter text. |
| Institution | Click or tap to enter text. |
| Department | Click or tap to enter text. |
| Position | Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Zip Code, City Country | Click or tap to enter text. |
| Phone | Click or tap to enter text. |
| E-mail Address | Click or tap to enter text. |
| Types of entity | Choose an item. | Choose an item.  |
| Early Career Scientist[[2]](#footnote-2) | [ ]  |

**Brief CV and role of the co-applicant in the organisation of the networking event**including a description of the main domain of research and a list of maximum 5 publications within the last five years that are most relevant to the aim of the proposed networking event.

Please include dates/requirements for the identification of Early Career Scientist. In case the co-applicant is a PAO representative a list of publications is not
 needed.

(*once converted into PDF document: max. 1 PAGE DIN-A4, Century Gothic 11, single-spaced, margins or 2.54 cm*)

|  |
| --- |
| Click or tap to enter text. |

12B. Co-applicant 2 from EJP RD participating countries (obligatory information)
 (see Call text Annex 1, Table A for eligible countries where legal organisation of co-applicant must be established)

|  |  |
| --- | --- |
| Family Name, First Name | Click or tap to enter text. |
| Gender (male, female, other) | Click or tap to enter text. |
| Institution | Click or tap to enter text. |
| Department | Click or tap to enter text. |
| Position | Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Zip Code, City Country | Click or tap to enter text. |
| Phone | Click or tap to enter text. |
| E-mail Address | Click or tap to enter text. |
| Types of entity | Choose an item.  | Choose an item. |
| Early Career Scientist[[3]](#footnote-3) | [ ]  |

**Brief CV and role of the co-applicant in the organisation of the networking event**including a description of the main domain of research and a list of maximum 5 publications within the last five years that are most relevant to the aim of the proposed networking event.

Please include dates/requirements for the identification of Early Career Scientist.
 In case the co-applicant is a PAO representative a list of publications is not needed.

*(once converted into PDF document: max. 1 page DIN-A4, Century Gothic 11, single-spaced, margins or 2.54 cm)*

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| --- |
| Click or tap to enter text. |

12C. Co-applicant 3, from EJP RD participating countries
(see Call text Annex 1, Table A for eligible countries where the legal organisation of the co-applicant must be established)

|  |  |
| --- | --- |
| Family Name, First Name | Click or tap to enter text. |
| Gender (male, female, other) | Click or tap to enter text. |
| Institution | Click or tap to enter text. |
| Department | Click or tap to enter text. |
| Position | Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Zip Code, City Country | Click or tap to enter text. |
| Phone | Click or tap to enter text. |
| E-mail Address | Click or tap to enter text. |
| Types of entity | Choose an item.  |  Choose an item. |
| Early Career Scientist[[4]](#footnote-4) | [ ]  |

**Brief CV and role of the co-applicant in the organisation of the networking event**including a description of the main domain of research and a list of maximum 5 publications within the last five years that are most relevant to the aim of the proposed networking event.

Please include dates/requirements for the identification of Early Career Scientist.
 In case the co-applicant is a PAO representative a list of publications is not needed.

(*once converted into PDF document: max. 1 PAGE DIN-A4, Century Gothic 11, single-spaced, margins or 2.54 cm*)

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| Click or tap to enter text. |

12D. Co-Applicant 4 (see Call text Annex 1, Table A for eligible countries
 where the legal organisation of the Co‑applicant must be established).
 The addition of co-applicant 4 is not an obligation.

|  |  |
| --- | --- |
| Family Name, First Name | Click or tap to enter text. |
| Gender (male, female, other) | Click or tap to enter text. |
| Institution | Click or tap to enter text. |
| Department | Click or tap to enter text. |
| Position | Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Zip Code, City Country | Click or tap to enter text. |
| Phone | Click or tap to enter text. |
| E-mail Address | Click or tap to enter text. |
| Types of entity | Choose an item. | Choose an item.  |
| Early Career Scientist[[5]](#footnote-5) | [ ]  |

**Brief CV and role of the co-applicant in the organisation of the networking event**including a description of the main domain of research and a list of maximum 5 publications within the last five years that are most relevant to the aim of the proposed networking event.

Please include dates/requirements for the identification of Early Career Scientist.
 In case the co-applicant is a PAO representative a list of publications is not needed.

(*once converted into PDF document: max. 1 PAGE DIN-A4, Century Gothic 11, single-spaced, margins or 2.54 cm*)

|  |
| --- |
| Click or tap to enter text. |

12E. Co-applicant 5, (see Call text Annex 1, Table A for eligible countries
where the legal organisation of the co‑applicant must be established).
The addition of co-applicant 5 is not an obligation.

|  |  |
| --- | --- |
| Family Name, First Name | Click or tap to enter text. |
| Gender (male, female, other) | Click or tap to enter text. |
| Institution | Click or tap to enter text. |
| Department | Click or tap to enter text. |
| Position | Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Zip Code, City Country | Click or tap to enter text. |
| Phone | Click or tap to enter text. |
| E-mail Address | Click or tap to enter text. |
| Types of entity | Choose an item. | Choose an item. |
| Early Career Scientist[[6]](#footnote-6) | [ ]  |

**Brief CV and role of the co-applicant in the organisation of the networking event**including a description of the main domain of research and a list of maximum 5 publications within the last five years that are most relevant to the aim of the proposed networking event.

Please include dates/requirements for the identification of Early Career Scientist.
 In case the co-applicant is a PAO representative a list of publications is not needed.

(*once converted into PDF document: max. 1 PAGE DIN-A4, Century Gothic 11, single-spaced, margins or 2.54 cm*)

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| Click or tap to enter text. |

12F. Co-applicant 6, (see Call text Annex 1, Table A for eligible countries
where the legal organisation of the co‑applicant must be established).
The addition of co-applicant 6 is not an obligation.

|  |  |
| --- | --- |
| Family Name, First Name | Click or tap to enter text. |
| Gender (male, female, other) | Click or tap to enter text. |
| Institution | Click or tap to enter text. |
| Department | Click or tap to enter text. |
| Position | Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Zip Code, City Country | Click or tap to enter text. |
| Phone | Click or tap to enter text. |
| E-mail Address | Click or tap to enter text. |
| Types of entity | Choose an item. |  Choose an item. |
| Early Career Scientist[[7]](#footnote-7) | [ ]  |

**Brief CV and role of the co-applicant in the organisation of the networking event**including a description of the main domain of research and a list of maximum 5 publications within the last five years that are most relevant to the aim of the proposed networking event.

Please include dates/requirements for the identification of Early Career Scientist.
 In case the co-applicant is a PAO representative a list of publications is not needed.

(*once converted into PDF document: max. 1 PAGE DIN-A4, Century Gothic 11, single-spaced, margins or 2.54 cm*)

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| Click or tap to enter text. |

12G. Co-Applicant 7, (see Call text Annex 1, Table A for eligible countries
 where the legal organisation of the Co‑applicant must be established).
 The addition of co-applicant 7 is not an obligation.

|  |  |
| --- | --- |
| Family Name, First Name | Click or tap to enter text. |
| Gender (male, female, other) | Click or tap to enter text. |
| Institution | Click or tap to enter text. |
| Department | Click or tap to enter text. |
| Position | Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Zip Code, City Country | Click or tap to enter text. |
| Phone | Click or tap to enter text. |
| E-mail Address | Click or tap to enter text. |
| Types of entity | Choose an item. | Choose an item.  |
| Early Career Scientist[[8]](#footnote-8) | [ ]  |

**Brief CV and role of the co-applicant in the organisation of the networking event**including a description of the main domain of research and a list of maximum 5 publications within the last five years that are most relevant to the aim of the proposed networking event.

Please include dates/requirements for the identification of Early Career Scientist.
 In case the co-applicant is a PAO representative a list of publications is not needed.

(*once converted into PDF document: max. 1 PAGE DIN-A4, Century Gothic 11, single-spaced, margins or 2.54 cm*)

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| --- |
| Click or tap to enter text. |

12H. Co-Applicant 8, (see Call text Annex 1, Table A for eligible countries
 where the legal organisation of the Co‑applicant must be established).
 The addition of co-applicant 8 is not an obligation.

|  |  |
| --- | --- |
| Family Name, First Name | Click or tap to enter text. |
| Gender (male, female, other) | Click or tap to enter text. |
| Institution | Click or tap to enter text. |
| Department | Click or tap to enter text. |
| Position | Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Zip Code, City Country | Click or tap to enter text. |
| Phone | Click or tap to enter text. |
| E-mail Address | Click or tap to enter text. |
| Types of entity | Choose an item. | Choose an item.  |
| Early Career Scientist[[9]](#footnote-9) | [ ]  |

**Brief CV and role of the co-applicant in the organisation of the networking event**including a description of the main domain of research and a list of maximum 5 publications within the last five years that are most relevant to the aim of the proposed networking event.

Please include dates/requirements for the identification of Early Career Scientist.
 In case the co-applicant is a PAO representative a list of publications is not needed.

(*once converted into PDF document: max. 1 PAGE DIN-A4, Century Gothic 11, single-spaced, margins or 2.54 cm*)

|  |
| --- |
| Click or tap to enter text. |

12 I. Co-Applicant 9, (see Call text Annex 1, Table A for eligible countries
 where the legal organisation of the Co‑applicant must be established).
 The addition of co-applicant 9 is not an obligation.

|  |  |
| --- | --- |
| Family Name, First Name | Click or tap to enter text. |
| Gender (male, female, other) | Click or tap to enter text. |
| Institution | Click or tap to enter text. |
| Department | Click or tap to enter text. |
| Position | Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Zip Code, City Country | Click or tap to enter text. |
| Phone | Click or tap to enter text. |
| E-mail Address | Click or tap to enter text. |
| Types of entity | Choose an item. | Choose an item. |
| Early Career Scientist[[10]](#footnote-10) | [ ]  |

**Brief CV and role of the co-applicant in the organisation of the networking event**including a description of the main domain of research and a list of maximum 5 publications within the last five years that are most relevant to the aim of the proposed networking event.

Please include dates/requirements for the identification of Early Career Scientist.
 In case the co-applicant is a PAO representative a list of publications is not needed.

(*once converted into PDF document: max. 1 PAGE DIN-A4, Century Gothic 11, single-spaced, margins or 2.54 cm*)

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| --- |
| Click or tap to enter text. |

13. Number of participants at the networking event (if known at this stage of application), including participants from relevant Patient Advocacy Organisations (PAO) and participants from usually under-represented countries (see for these countries the Call text, Annex 1).

|  |  |
| --- | --- |
| Total | Click or tap to enter text. |
| From PAOs | Click or tap to enter text. |
| From under-represented countries | Click or tap to enter text. |

1. In principle the Networking event should be open for other interested parties. Please indicate if this will be the case:

[ ]  **Yes** [ ]  **No**

If **Yes,** please provide a URL with further information for them to be published online on the website of the EJP RD if the application is granted.

|  |
| --- |
| http:// |

If **no**, please indicate why the networking event will not be opened
 for interested parties.

|  |
| --- |
| Click or tap to enter text. |

# Budget Plan and Justification

1. Please Fill the budget plan (A. Expenses, B. Co-funding in cash, C. Budget plan Summary and Budget requested from the Networking Support Scheme)

*See Annex 3 of Call text for eligible expenses and average amounts.
Personnel costs for preparing the networking event and/or for being present at the networking event or research costs are not eligible.*

*Note: After the Networking event has taken place all invoices must be sent to the Networking Support Scheme Secretariat to receive the budget.*

***The values in the green cells of the tables A-C below will be updated if you push F9 in each cell or*** ***on opening of the document***

|  |  |
| --- | --- |
| A. Expense type | Amount (€) |
| Meeting room | 0 |
| Audio-visual equipment, teleconference needs | 0 |
| Materials e.g. Programme booklet | 0 |
| Catering | 0 |
| Dinner (the costs for 1 dinner per networking event is allowed) | 0 |
| Travel and hotel | 0 |
| Miscellaneous (e.g. visa). Please Specify the items. | 0 |
| A. Total expenses | 0 |

|  |  |
| --- | --- |
| B. Co-Funding in cash \* | Amount (€) |
| Click or tap to enter text. | 0 |
| Click or tap to enter text. | 0 |
| Click or tap to enter text. | 0 |
| Click or tap to enter text. | 0 |
| Click or tap to enter text. | 0 |
| B. Total co-funding in cash | 0 |

*\* Cofunding (e.g. asking a registration fee or receiving a financial contribution of an industry partner) is allowed. However, making profit out of the event is not allowed. Profit in this scheme means that the budget received via the Networking Support Scheme + co-funding from another source would be higher than the total costs of the event. In case of potential profit, the final budget to be received via the networking scheme will be decreased.*

*In case of cofunding by a private-for profit organisation the applicants of the networking Support Scheme should take care that the content of the networking event is not influenced by this organisation.*

|  |  |
| --- | --- |
| C. Budget Plan Summary | Amount (€) |
| A Total expenses for the networking event | 0 |
| B Total co-funding in cash expected | 0 |
| Budget requested from the Networking Support Scheme: A minus B (max. €30.000 inclusive of any VAT that is due) | 0 |

1. Additional Information/Justification on the budget plan for the networking event

|  |
| --- |
| Click or tap to enter text. |

# Financial Information

1. Bank account information and information of financial department of Institution/organisation \* \*

|  |  |
| --- | --- |
| Bank account Information |  |
| Name of the Bank | Click or tap to enter text. |
| Address of the Bank | Click or tap to enter text. |
| Zip Code of the Bank | Click or tap to enter text. |
| City of the Bank | Click or tap to enter text. |
| Country of the Bank | Click or tap to enter text. |
| IBAN | Click or tap to enter text. |
| BIC/SWIFT | Click or tap to enter text. |
| In the name of (legal institution/organisation) | Click or tap to enter text. |
| Your Reference for the payment | Click or tap to enter text. |
| **Information financial department of legal institution/organisation** |  |
| Name department or person of institution/organisation | Click or tap to enter text. |
| E-mail address in case of contact needed about payment | Click or tap to enter text. |
| Address/PO BOX | Click or tap to enter text. |
| ZIP Code | Click or tap to enter text. |
| City | Click or tap to enter text. |
| Country | Click or tap to enter text. |
| Registration number in the Chamber of Commerce | Click or tap to enter text. |

\* \* *This information will only be used when the Network application is selected*

1. Date and signature of the principal applicant (also on behalf of the co-applicants)

Date Click or tap to enter text. Signature (with a pen)

1. For definition of Early Career Scientist see 6.5 in Call text [↑](#footnote-ref-1)
2. For definition of Early Career Scientist see 6.5 in Call text [↑](#footnote-ref-2)
3. For definition of Early Career Scientist see 6.5 in Call text [↑](#footnote-ref-3)
4. For definition of Early Career Scientist see 6.5 in Call text [↑](#footnote-ref-4)
5. For definition of Early Career Scientist see 6.5 in Call text [↑](#footnote-ref-5)
6. For definition of Early Career Scientist see 6.5 in Call text [↑](#footnote-ref-6)
7. For definition of Early Career Scientist see 6.5 in Call text [↑](#footnote-ref-7)
8. For definition of Early Career Scientist see 6.5 in Call text [↑](#footnote-ref-8)
9. For definition of Early Career Scientist see 6.5 in Call text [↑](#footnote-ref-9)
10. For definition of Early Career Scientist see 6.5 in Call text [↑](#footnote-ref-10)