**Project Description – Project Proposals**

**[First name, last name, date of birth, affiliation (of all applicants)]**

**[Project title]**

**[Project duration]**

**Requested Funding Program**

*Specify the requested funding program (Clinician Scientist Phase I-II) and please indicate, if this or a related proposal has been submitted previously to the research committee of the Medical Faculty at HHU (related to as FoKo in the following).*

[Text]

**Current funding**

*Specify your current external funding of research projects (project title, grant number, funding organization and duration) and if applicable internal research funding by the HHU (e.g. SFF,…) or the Medical Faculty (e.g. FoKo, DSO,…)*

[Text]

**Date of Dissertation**

*Specify the date of your doctorate degree or if applicable the date of your habilitation.*

[Text]

**Date of Habilitation** (if applicable)

[Text]

**Project Description**

# Summary (ca 0,5 page)

[Text]

# State of the art and Preliminary Work with project-related publications (ca 2 pages)

[Text]

# Objectives (Questions, Aims of the Project, Methodological Approach) (ca 2 pages)

[Text]

# Work Programme and Timetable (ca 1 page)

[Text]

# Bibliography

[Text]

# Supervisor and Collaborators

[Text]

# Costs

[Text]