E-mail: subsidies@msresearch.nl

Tel. +31-71-5 600 500

Our project number: **22 – MS**

Please send the Word-file and a scan of the signed application to the e-mail address above

*>> Use Arial 10, single line spacing. Extra attachments will not be accepted.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Basic details** | | | | | |
| **1** | **Applicant** | | | | |
| Name applicant, title(s) | |  | | |
| Position | |  | | |
| Institute | |  | | |
| Department | |  | | |
| Address, zip code, city | |  | | |
| Telephone | |  | | |
| E-mail | |  | | |
| **2** | **Supervisor/coordinator** | | | | |
| Name applicant, title(s) | |  | | |
| Position | |  | | |
| Institute | |  | | |
| Department | |  | | |
| Address, zip code, city | |  | | |
| Telephone | |  | | |
| E-mail | |  | | |
| **3** | **Host institution** | | | | |
| Institute | |  | | |
| Department | |  | | |
| City | |  | | |
| Country | |  | | |
| Contact, name, title(s) | |  | | |
| **4** | **Project title** | | | | |
| English | | | | |
| Dutch | | | | |
| **5** | **Summary** *(max. 800 words)* | | | | |
| * *project plan* * *relevance for MS* * *expertise of research group to be visited* * *necessity and/or advantages of performing the research in this particular group or institute* | | | | |
| **Number of words:** | | | | |
| **6** | **Lay summary** (Dutch) *(max. 300 words)* | | | | |
| * **Belang** * **Methode** * **Verwacht resultaat** * **Impact** | | | | |
| **Number of words:** | | | | |
| **7** | **Curriculum vitae of the applicant** *(one page maximum)* | | | | |
| **a) Education and training**  **b) Relevant work experience**  **c) Additional relevant information**  **d) List of publications** | | | | |
| **8** | **Letter of recommendation from supervisor/coordinator** | | | | |
| *(can be attached)* | | | | |
| **9** | **Letter from the host institute/research group stating that the applicant is welcome for a working visit and that all required permits enabling the applicant to perform research activities in the host institute are available.** | | | | |
| *(can be attached)* | | | | |
| **10** | **Duration of the working visit** | | | | |
| Duration (months) : | |  | | |
| Planned start date : | |  | | |
| **11** | **Feasibility of the project with regard to the COVID-19 pandemic**  Note that in the current round the Dutch MS Research Foundation will only fund research projects that can be executed. Please clarify below to what extent the execution and outcomes of proposed research might be affected by the corona situation. If applicable, also indicate how the work plan is or can be adjusted to affirm feasibility of the goals without losing the original character of the project. | | | | |
|  | | | | |
| **12. required budget** | | | | | |
| **A.** | **Estimation of costs** | | | | |
|  | | *Description* | | *Euro* |
| Travel costs | |  | |  |
| Accommodation | |  | |  |
| Other | |  | |  |
|  | | **Total** | |  |
| **B.** | **Financial support from sources other than Stichting MS Research** | | | | |
|  | | *Name institute* | | *Euro* |
| Own institute | |  | |  |
| Host institute | |  | |  |
| Other | |  | |  |
|  | | **Total** | |  |
| **C.** | **Remaining budget required for the working visit** | | | | |
|  | | | | |
| **D.** | **Submitted financial requests to others** | | | | |
| Name | |  | | |
| Amount requested | |  | | |
| **Signatures** | | | | | |
| Stichting MS Research will treat the content of this application as confidential and will not store your data for any longer than is necessary for the procedure of submission and granting. The quality and relevance of this application will be evaluated by the Scientific Advisory Board of Stichting MS Research.  I understand and agree that the foundation will share the content of this application with the members of the Scientific Advisory Board. | | | | | |
| **13** |  | **Applicant** | | **Responsible supervisor** | |
| Name |  | |  | |
|  | Yes, I like Stichting MS Research to keep me informed about future funding possibilities and activities in the context of MS research and give the foundation permission to process my contact details for this purpose.\* | | Yes, I like Stichting MS Research to keep me informed about future funding possibilities and activities in the context of MS research and give the foundation permission to process my contact details for this purpose.\* | |
| Date |  | |  | |
| Signature |  | |  | |

\* The [privacy statement](https://msresearch.nl/privacyverklaring/) of Stichting MS Research entails more information about the processing of your personal information and deregistration.