



Application Form

Research Grant of the Swiss Society of Hypertension

I. Principal Investigator: _____

Title: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

II. Co-Investigator: _____

Title: _____

Institution: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

III. Co-Investigator: _____

Title: _____

Institution: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

IV. Title of Project: _____

V. Academic and administrative responsibilities of the Principal Investigator for the project under application.



Schweizerische Hypertonie Gesellschaft
Société Suisse d'Hypertension
Società Svizzera d'Ipertensione
Swiss Society of Hypertension

VI. The template of the proposed program/research project is the following:

The research project (5 pages max., including references + 1 page summary + budget) should include the following items:

1. A summary of 1 page.
2. The specific aims: briefly state the major goals of the project.
3. The current state of research: brief description.
4. Study design and description of inclusion/exclusion criteria for human studies. and models for experimental studies.
5. Methodology (including statistical plan and power of the study).
6. Anticipated results and their significance: describe the significance for the discipline and prospects for future research.
7. A description of the facilities and personnel to be involved.
8. A budget for the use of the grant.

NB: Font size for the text: 11pts, for the references: 10pts. Max. references: 25.

VII. Please list (A) Budget justification and budget allocation, (B) Provisional date of completion of the project, and (C) Ethics approval.
(Please limit your response to the allotted space; failure to do so may impede the likelihood of the project being funded.)



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- VIII. I am familiar with the regulations, policies and objectives of the Research Grant of the Swiss Society of Hypertension.
I certify that appropriate general facilities will be available if the applicant is successful and that I am prepared to have the grant carried out strictly in accordance with the current Swiss Society of Hypertension Deed of Agreement.
I certify that this work is not supported by other funding agencies (with the exception of the Swiss National Research Foundation).
If this award is made, I agree to:
- Use the entire amount of the Research Grant for the proposed project's purposes.
 - Submit an abstract to the Annual Meeting of the Swiss Society of Hypertension.
 - Ensure submission of a report at the end of the program.

Approved by: _____
Signature of Principal Investigator Date

- Checklist:
- Application is completed in full
 - Principal Investigator's curriculum vitae, including bibliography, is enclosed
 - List of the Principal Investigator's research funding is enclosed
 - Letter(s) of collaboration is (are) included (if applicable)
 - Principal Investigator has signed the application

The deadline date for receipt of applications is **December 31, 2018**. Applications received after his date will not be accepted. Please submit the completed application and supporting documents (as noted above) to:

Swiss Society of Hypertension
Karin Guldenfels
Dufourstrasse 30
CH-3005 Bern

Phone: 031 388 80 78

Fax: 031 388 80 79

Email Address: info@swisshypertension.ch