



SVENSKA
CELIAKIFÖRBUNDET

Application for funding from Swedish Coeliac Association Fund for scientific research

Send the application with enclosed documents to info@celiaki.se

1. Main and fellow applicant

Last name	First name	Date of birth (personnummer)
Titel		Doctoral degree
Employer (complete address and name of institution)		
Work place (if different than employer)		
Phone	Cell phone	E-mail address
Fellow applicant		Doctoral degree
Is fellow applicant responsible for similar projects? (yes/no)		

2a. Swedish project titel (max 20 words in Swedish)

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2b. English project titel (max 20 words in English)

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3. The research funding will be used during (day/month/year – day/month/year)

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4. Applying for funding from Swedish Coeliac Association

Amount applied for from Swedish Coeliac Association:	SEK
Total yearly cost for project:	SEK

5. Has been granted funding from other source for the same project:

From organization	SEK
From organization	SEK
From organization	SEK
Total amount:	SEK

6. The project is a continuation of previous application from this research fund?

Yes No

7. If yes: Previous granted funding from Swedish Coeliac Association research fund (Include project yearly report in this application)

Year	Amount	Project titel

8a. Summary of research project (statement of problem, management plan, method and meaning)

In Swedish (maximum 2000 characters):

8b. Summary of research project (statement of problem, management plan, method and meaning)

In English (maximum 2000 characters):

9. Project reviewed by ethical committee? (if yes enclose copy of protocol, if no state reason)

10. List of enclosed obligatory documents (state yes if enclosed)

Project description (max 6 pages)	Others
Project budget (max 2 pages)	
Resume for main applicant (max 2 pages)	

11. Applicant signature (place, date and signature)