**CAPNETZ Clinician Scientist Program**



**Step 2: Full Application**

***Note:*** *Applications that have been completed in full will only be taken into consideration. In some cases, individual questions may not be applicable for your project; in such instances, please indicate this briefly in your answer to these questions.* ***Applications that do not fulfil the requisite criteria will be marked "incomplete" and returned to the applicant for the purposes of correction without further evaluation****.*

*Please use an* ***easily readable*** *document layout: A4 pages, Calibri 11 or equivalent, single spaced, 2cm margins, numbered pages; for figure and table, minimum Calibri 9 or equivalent. The text in grey is to be deleted.*

*We recommend that you write both your scientific document and the CVs* ***in English****.*

*Proposals must* ***fulfil the three main evaluation criteria: “Quality and scientific aims”, “Organisation and implementation of the project”, and “Impact and benefits of the project”****.*

**1. Applicant**

|  |  |
| --- | --- |
| **First Name/Last Name** |  |
| **Academic Degree** |  |
| **Date of Birth** |  |
| **Institution** |  |
| **Department** |  |
| **Street/House number** |  |
| **Post code** |  |
| **City/Town** |  |
| **Email** |  |
| **Phone** |  |

**2. Project Title (maximum characters)**

|  |
| --- |
|  |

**Acronym:**

**3. Mentor/Supervisor**

|  |  |
| --- | --- |
| **First Name/Last Name** |  |
| **Academic Degree** |  |
| **Institution** |  |
| **Department** |  |
| **Street/House number** |  |
| **Post code** |  |
| **City/Town** |  |
| **Email** |  |
| **Phone** |  |

**4. Additional Mentor/Supervisor/leader of the working group**

|  |  |
| --- | --- |
| **First Name/Last Name** |  |
| **Academic Degree** |  |
| **Institution** |  |
| **Department** |  |
| **Street/House number** |  |
| **Post code** |  |
| **City/Town** |  |
| **Email** |  |
| **Phone** |  |

**5. Members or persons directly involved in project (co-workers, collaborators)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Country** | **University or Institution** | **Last Name** | **First Name** | **Current position** | **Role in the project** |
| Germany | X, Y, Z |  |  |  | *Collaborator (microbiologist)*  *Tasks X, Y, Z* |
|  |  |  |  |  |  |

**6. Research Proposal**

**6.1. Project summary (200 words)**

**6.2. Objectives and research hypothesis (1500 characters)**

*Present the objectives and the research hypothesis; present the scientific and technical barriers to be lifted; present the expected results; if applicable describe any final products developed.*

*The focus of applications should be in line with the mission of CAPNETZ: to promote research in community-acquired pneumonia (CAP) and other lung diseases and its translation into benefits for patient care*

**6.3. Background and significance (2500 characters)**

*Provide a critical evaluation of existing knowledge, with a particular focus on identifying the gaps that the project is intended to address. In a concise manner, the importance and rationale of this research should be articulated by relating the specific aims to longer-term objectives. This section should also demonstrate the potential significance of the proposed work in the context of respiratory diseases, including CAP.*

*Emphasise the originality and the novelty of the proposal - concerning its objectives and its methodology – and its position in relation to the state of the art.*

**6.4. Own preliminary data directly or indirectly applicable to the objective of the proposal (2000 characters)**

*Provide a summary of any preliminary work conducted by the Principal Investigator(s) that is relevant to this application. Additionally, include information that will demonstrate the competence and experience of the investigator(s) in pursuing the proposed study.*

*Include Graphics/figures at the end or in the attachment.*

**7.1. Project deliverables and milestones (2500 characters)**

*For each task, describe the objectives, the work programme, deliverables, partners' contributions, methods and technical decisions, risks, and fall-back solutions (especially in light of the current public health crisis). Illustrate with a Gantt chart.*

**7.2. Experimental Design and Methods (2500 characters, if this is insufficient, please also additional 2500 characters)**

* *Describe precisely the methodology and its relevance to reach the objectives; detail the scientific risks and fall-back solutions envisaged; set out the scientific programme and justify the work programme's task breakdown with regard to the objectives being pursued.*
* *Should the proposed project entail collaboration with individuals external to the applicant's research group, it is required that a description of the envisaged working relationships be provided. This description should be accompanied by letters of intent signed by the relevant individuals.*
* *In the event that clinical material or clinical data is to be provided by other individuals (other than CAPNETZ network), a statement from them must be included, confirming their willingness to participate and attesting to the precautions taken to ensure the anonymity of patients.*
* *If appropriate, confirmation of submission or approval of the ethics and/or animal experimentation application, declaration of consent data protection, cooperation commitments, etc.*
* *The methodology also includes Open Science practices, namely: data management, reuse of existing data sets, development or contribution to open-source software and / or standards, and adopting permanent identifiers for all research products.*

**8. Outlook: Relevance to CAP and other respiratory diseases (1500 characters)**

*Why or how is this project relevant to the CAP? Describe the innovative aspect of this project and how it is expected to address knowledge gaps in understanding disease pathogenesis or clinical care of CAP.*

**9. Cost estimate**

Note 1: Excluded from funding are: application preparation costs, financial support for secretarial assistance, buildings and facilities and general administration, and general laboratory equipment procurement.

Note 2: In addition to the actual financial costs incurred, the TV-L/TVÖD salary level for full-time or 50% employment (standard German salary scale for personnel costs) should also be indicated, including the duration of the employment contract.

Note 3: The funding provided by CAPNETZ STIFTUNG is a non-commercial research grant and therefore is not usually subjected to institutional overhead costs.

|  |  |
| --- | --- |
| **Own salary** |  |
| **Consumables** |  |
| **Travel** |  |
| **Miscellaneous costs** |  |
| **Total funding** |  |

**Comments/justification for cost estimate**

|  |
| --- |
| *Costs linked to salary of Clinician Scientist or outsourcing/subcontracting services (e.g., DNA/RNA sequencing) should be justified in relation to the scientific objectives.* |

**Signature**

The undersigned confirm that they agree to the grant application, will participate in the project and will conduct the project according to Good Laboratory Practice and the applicable regulatory requirements (e.g. with regard to animal studies or experiments involving gene technology).

**Clinician Scientist Fellow**

**Name: ………………………………………………. Signature:……………………………………………**

**Place, Date: ……………………………………**

**Einverständniserklärung zur Datenerhebung: Sind Sie damit einverstanden, dass wir Ihre Daten und die Zusammenfassung Ihres Vorschlags im Rahmen des Clinician Scientist Program auf der CAPNETZ-Website verwenden dürfen?**

**Declaration of consent to data collection: Do you agree that we may use your data and proposal summary within the framework of clinician-scientist program on the CAPNETZ website?**

**Ja/Yes** ☐ **Nein/No** ☐

**Name:………………………………………………. Signature:…………………………………………**

**Place, Date:……………………………………**

**Attachment (Include all these relevant documents as a single pdf to project proposal)**

☐ Curriculum vitae with list of scientific publications (please prepare your CV based on DFG template (https://www.dfg.de/de/formulare-53-200-elan-246806).

☐ A nomination of the supervisory committee (mandatory one supervisor, optional one independent mentor) and one-page write up of a long-term concept for achieving scientific independence

☐ Approval of the application by the supervisor and management of the home institution incl. confirmation of the applicant's personal data, provision of laboratory resources and employment in a clinic for the funding period (12 - 24 months)

☐ Confirmation of eligibility/specialist training

☐ Copy of employment contract

☐ Copy of medical degree certificate

☐ Copy of doctoral certificate

☐ If applicable (if changing institution within the Faculty of Medicine): Declaration from the host institution that the proposed project can be carried out and is supported accordingly

☐ If applicable: Declaration/confirmation of other financial sources applied or to be used in the project

☐ If applicable: statement of support from collaborators, confirming their willingness to participate and/or provide clinical samples without compromising the anonymity of patients

☐ If applicable: Confirmation of submission or approval of the ethics and/or animal experimentation application, declaration of consent data protection, cooperation commitments, etc.

☐ If applicable: Proof of career delays

**Please fill this form, add necessary attachments and send it as one PDF document via e-mail to science@capnetz.de**

**10. Literature Cited:**

|  |
| --- |
| *References should be numbered in the sequence in which they appear in the text and listed at the end of the research plan. Each citation must include the names of authors, title, the name of the journal or book, the volume number, the page number and the year of publication.* |