**PREMIO NAZIONALE “TOMMASO CARACENI” PER LA RICERCA SUL PARKINSON E DISORDINI DEL MOVIMENTO**

**APPLICATION FORM**

1. **General information**

|  |  |
| --- | --- |
| Applicant(Name and Surname) |  |
| Place of birth |  |
| Date of birth |  |
| Qualification(eg. biologist, neurologist, etc.) |  |
| Current Job position |  |
| Current Job Institution |  |
| **Please provide the number of maternity leaves you have taken**(An exemption from the age limit is provided for 6 months of parental leave for each child) |  |

**2. Scientific Profile of the Principal Investigator**

|  |  |
| --- | --- |
| **ORCID** |  |
| **H-INDEX** |  |
| **Pubblication** | **Total number:****First/Last/corresponding author number:****List of top 10 publications** (Title; Journal; Pag.; Vol.; Year; DOI)**:** |
| **Education** (max 1000 characters including spaces) |  |
| **Present position**(Institution; Division/research group; Location; Position; From year) |  |
| **List of most relevant grants** (Title; role in the project (eg PI, Co-PI, etc); Funding agency; total amount funded €; amount to the applicant €) |  |
| **Awards and Honors** |  |

**3. Description of the research activity carried out**

**(e.g., thesis project, publication, patents, etc. on which the candidate will be evaluated for the award)**

|  |  |
| --- | --- |
| **Title** |  |
| **Type of Work**(eg. thesis, publication, grant, patent) |  |
| **Description** (MAX 2000 characters, including spaces)  |  |
| **Please attach any relevant documents** **and insert here the description of any attachments** |  |

**4. Project Description**

**Duration of the project: 12 months**

**Budget: € 20.000,00**

|  |  |
| --- | --- |
| **Title** |  |
| **Acronym** |  |
| **Background** (Max 500 characters including spaces) |  |
| **Objectives**(Max 500 characters including spaces) |  |
| **Preliminary data**(Max 500 characters including spaces) |  |
| **Methodology**(Max 2.000 characters including spaces) | *Workplan split into Workpackages (WP)**Main deliverables* |
| **Impact**(Max 2.000 characters including spaces) | *Innovative results (e.g., mechanisms, diagnosis, treatment, technology)**Exploitation of results* *Potential of technology transfer* |
| **Trasferability of the results to clinical practice and relevance for the national health System**(Max 1.000 characters including spaces) |  |
| **References** |  |

**5. Abstract in italiano**

|  |  |
| --- | --- |
| **Titolo** |  |
| **Abstract** |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Privacy Notice pursuant to Regulation 679/2016/EU**

Please be informed that all personal data (common identifying, sensitive, and/or judicial) communicated to the IRCCS Foundation Carlo Besta Neurological Institute, Via Celoria 11, 20133 Milan (tel. +39 02 23942375, email: privacy\_istituto.besta@lexlecis.com, protocollo@pec.istituto-besta.it, www.istituto-besta.it) will be processed exclusively for institutional purposes in compliance with the provisions of the General Data Protection Regulation 679/2016 of the European Union.

The processing of personal data is carried out using both paper and digital tools and media.

The Data Controller is the IRCCS Foundation Carlo Besta Neurological Institute.

The Data Subject may exercise the rights provided for in Articles 15, 16, 17, 18, 20, 21, and 22 of Regulation EU 679/2016.

The complete privacy notice drafted pursuant to Articles 13 and 14 of Regulation EU 679/2016 is available at the Foundation and can be consulted on the entity's website at www.istituto-besta.it.

The Data Protection Officer can be contacted by writing to his attention at the Data Controller's headquarters and/or by writing to privacy\_istituto.besta@lexlecis.com.

Date ....................................... Signature ..........................................................

**(Always attach a copy of a suitable and valid identity document)**