# Proposal for Clinical Fellowship

# <Project title>

**<The document is to be brief, about 2 pages in total. Please remove instructions in brackets such as this one. We prefer if you use English.>**

**<In addition to this document, please provide a brief CV (max 1 page) for the applicant.>**

<Date/version>

## Fellowship candidate

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Organization: |  | Postal address: |  |
| E-mail: |  |  |
| Title/role: |  | | |

## Purpose and aims

<Summarize what the fellowship project aims to achieve. Describe connections to other AIDA projects.>

## Project plan

<Fill in the table and confirm in the checkbox that you accept the condition to participate in AIDA days.>

|  |  |  |
| --- | --- | --- |
| Start date | End date | Man-hours |
|  |  |  |

☐ I acknowledge that the fellowship includes mandatory participation at the “AIDA Days” workshops, including on-premise presence for physical meetings (occasional exception allowed)

<Describe activities, deliverables and time plan. Describe the prerequisites for assigning time away from clinical duty.>

## Budget

<Define the budget by filling in the tables and describing the counter-financing plan. In general, AIDA can finance up to 50% of the total cost. If you use the AIDA Innovation check, list it under “Consulting & licenses”. If your fellowship is a regular ST project financed by your employer, AIDA funds cannot be used for salary cost, but for up to 100% of other costs such as travel/accommodation and equipment, as long as the AIDA financing is no more than 50% of the total ST project cost. Description of cost types is found here, in Swedish: [Guide om stödberättigade kostnader](https://www.vinnova.se/globalassets/huvudsajt/sok-finansiering/regler-och-villkor/dokument/villkor_om_stodberattigande_kostnader_-_guide.pdf)>

Total cost budget:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization | Personnel | Equipment etc | Consulting & licenses | Other direct cost (incl travel) | Indirect cost (overhead) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |

Specification of counter-financing (minimum 50% of total cost budget):

|  |  |  |
| --- | --- | --- |
| Total project cost | AIDA funding requested | AIDA funding in % of total |
|  |  |  |

<Describe counter-financing plan: which/which parts of the above cost items are covered from other sources.>

## Brief information with respect to AIDA quality criteria

### Future clinical usefulness

<In what way can the project contribute to improved health care down the line? After a successful project, what remains to be done to reach clinical use of the results?>

### Value of AIDA connection

<What added value does the project get from being in the AIDA environment? How will benefits from working close to technical expertise be reaped?>

### Contribution to AIDA

<How will the project contribute to the other AIDA partners, for instance in the form of knowledge transfer, access to results and openly available annotated data?>

**Approval by line manager**

I hereby confirm that the host organization will, if the above proposal is granted, make the necessary arrangements to allow the project to be carried out according to plan. Moreover, I’m informed that before the start of the project, a standard agreement with AIDA and a formal approval vis-a-vis Vinnova will need to be signed.

Name Place and date

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Title Signature

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