Dutch Kidney Foundation

Application form

Kolff+ Student Researcher Grant

*11 January 2024*

The Dutch Kidney Foundation (DKF) General Grant Requirements (Subsidievoorwaarden Nierstichting Nederland) apply to all awarded DKF subsidies as well as all proposals for DKF subsidies. Applicability of general and other conditions of the applicant, the applicant's institute and of third parties is explicitly excluded.

***Disclaimer***

*Positive DKF grant award decisions are conditional on DKF revenues and budgetary means. The DKF explicitly reserves the right to cancel a grant scheme, to suspend a running procedure or to lower a grant amount in relation to earlier statements.*

Nierstichting / Dutch Kidney Foundation

+31 (0)35 697 8015

research@nierstichting.nl

**Instructions for completing and submitting this form**

The submitted proposal must meet the following conditions for acceptance in this call:

* Maximum word counts specified are fixed limits that must not be exceeded. Please fill in the number of words used where asked.
* Forms should be filled in using Arial 10 pt.
* Instructions and/or sections in the form must not be deleted (even if the section is not applicable).
* Please convert the completed application form, including electronic signatures, in a searchable PDF file. Upload the PDF file into your digital submission form in our grant management system called MIDAS via [this link](https://midas.nierstichting.nl/aims/portal/scheme-call-description?call_id=162&call_id:sig=55+0+8E9B34F246324B92A310A417E64083477CE21AC5&applicant_type=individual&category_id=10009&category_id:sig=8+0+1B98395A028E01C70AF9509E48E9F57FF336CFAC). The maximum file size is 5 MB.

**Project title:**

**Acronym (optional):**

**1. Applicant; Project Leader (in the Netherlands)**

|  |  |
| --- | --- |
| Name (M/F) |  |
| InstituteDepartmentRoom numberPostboxPostal code, Town/City |  |
| Phone |  |
| Email |  |
| Project leader of DKF Projects *(project codes past 6 years if applicable)* |  |

**2. Student Researcher**

|  |  |
| --- | --- |
| Name (M/F/X) |  |
| StudyUniversity |  |
| Address (NL):Street namePostal code, Town/city Phone (NL) |  |
| *If applicable;*Address abroad:Street namePostal code, Town/city Country |  |
| Phone (NL) |  |
| Email |  |
| Bank account (NL): Bank nameAccount numberAccount holder |  |

**3. Project Leader Abroad (if applicable)**

|  |  |
| --- | --- |
| Name (M/F/X) |  |
| Address:Institute DepartmentRoom numberStreet namePostal code, Town/cityCountry |  |
| Phone |  |
| Email |  |

**4. Student Researcher Project**

|  |  |
| --- | --- |
| Expected start date |  |
| Expected end date |  |
| Duration in months |  |
| Proposed DKF Budget |  |
| Days per week | [ ]  1[ ]  2 |

**5. Overall Research Project (Abroad)**

*Provide information of the project to which the Student Researcher will contribute.*

|  |  |
| --- | --- |
| Title |  |
| Project code |  |
| Project leader |  |
| Institute and department |  |
| Funder of the project |  |
| Start date and duration |  |

**6. Summary of the Overall Research Project (max. 400 words)**

***Number of words used:***

**7. Student Researcher Project (max. 500 words)**

***Number of words used:***

*Describe the project and how it fits within the overall project. Include hypothesis, objectives, work plan and time schedule. If applicable, describe how the research project abroad fits within the overall project and motivate the choice for the foreign institute.*

**8. Summary of the Research of the Supervisor Abroad (if applicable, max. 400 words)**

***Number of words used:***

**9. Motivation of the Student Researcher (max. 500 words)**

***Number of words used:***

*Written by the candidate. Motivate your application. Describe the additive value of the project. Also address your personal motives and your plans in nephrology and renal research.*

**10. CV of the Student Researcher (max. 1 page)**

*Written by the candidate.*

**11. Budget**

*Specify the duration in months and days per week of the Student Research Project and calculate the total budget according to the max. lump sum subsidy as mentioned in the Information Sheet. Maximum number of months, days per week, total budget and possibilities for extra are also provided by the Information Sheet.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Duration in months | Days per week (1 or 2) | Budget (€) |
| Proposed DKF budget Student Researcher |  |  |  |
| Proposed extra budget (if applicable)\* |  |  |  |
| Total  |  |  |  |

**Motivation for Extra Expenses (max. 200 words)**

***Number of words used:***

*Give a short description of and motivation for the proposed consumables and equipment. If applicable, specify the extra budget for equipment and consumables.*

**Payment of Extra Expenses**

*Note down the details for the payment of the extra expenses. For international payments, please also complete the bank transfer form and upload this in MIDAS in the section “application budget”.*

|  |  |
| --- | --- |
| Institute |  |
| Name account holder |  |
| IBAN |  |
| BIC |  |

**12. Signatures**

*If applicable, the project leader/supervisor abroad signs the letter of invitation.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name and position | Signature | Date |
| Project leader (NL) |  |  |  |
| Student researcher |  |  |  |

**13. Attachments**

[ ]  A recommendation by the project supervisor in the Netherlands *(always)*

[ ]  An invitation by the foreign project supervisor *(only if part of the project is performed abroad)*

[ ]  Bank transfer form *(only for international payments)*