Prof. Dr. Stefan Boes, Dean

Faculty of Health Sciences and Medicine

Alpenquai 4

6005 Luzern

Application for Young/Advanced Clinician Scientist Program

Please check:

[ ]  Young Clinician Scientist Program

[ ]  Advanced Clinician Scientist Program

Last name:

First name:

Date of birth:

Address:

Current position:

Title of research project:

Date:

| **Request** |  |
| --- | --- |
| **Executive Summary** | (Total executive Summary: 1 page max.) |
| **For what project is the financial support being requested?**(In addition to the separate description of the research project) | **Brief summary of the research project:** |
| **Objectives**:  |
| **Scope** (is it part of larger project?):  |
| **Duration in months:** |

|  |  |
| --- | --- |
| **Details** | (Total details: 2000 words max.) |
| **The background and context** of the research, including the problem statement and its **importance**. |  |
| **Review of relevant literature:** short summary of the key studies to highlight gaps in the existing knowledge. |  |
| **Methodology**: Design of the research, methods to analyze the data. |  |
| **Project timeline:** A brief timeline indicating the major milestones and activities throughout the research project. **Please append a more detailed schedule to the PDF (Gantt Chart).** |  |
| **Expected results** of the research and how they will contribute to the field. |  |
| **Requested research time** (workload in %) |  |
| **Current workload in %** in the partner institution |  |
| **Clinical workload in % during the requested protected research time** |  |
| Young Clinician Scientist Program: Mentor |  |
| Appendices | * **…..**
* **…..**
* **…..**
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Applications (compiled in a PDF document) can be submitted to the Dean of the Faculty, Prof. Dr. Stefan Boes at gmf@unilu.ch

**Signature**

Date:       Place:

Applicant