

Reference Number	
Institution	
Lead Applicant	
Total Requested	

PROJECT DATA

Project Title
Project Acronym
Horizon Europe Keywords [Choice 1]
Horizon Europe Keywords [Choice 2]
Horizon Europe Keywords [Choice 3]
Disease Area
Other Disease Area - Please specify
Disease Name
ORPHA Number

PROJECT DESCRIPTION

Unmet Medical Need
Target Population
Intervention type
EU Orphan Drug Designation (ODD)
Identification Number
Intended Trial Development Phase
Estimated number of participants
Estimated duration of the study (in months)

Confirmation of basic readiness

Please indicate if you have already applied for EMA scientific advice or any other national regulatory body

If yes, please briefly describe the regulatory body, type of procedure, and current status of the interaction.

COORDINATING INVESTIGATOR

First Name

Last Name

Affiliation / Organization

Country

Position

Pic Number

European Reference Network (ERN)

Add ERN

Phone Number

Email address

SPONSOR

First Name

Last Name

Affiliation / Organization

Country

Position

Pic Number

European Reference Network (ERN)

Add ERN

Phone Number

Email address

PARTNERS

Name	Surname	Affiliation	Country	Position	Pic Number	Code ERN	Add ERN	Email	Phone Number

BUDGET

Estimated total budget request (€)

NOTES

Your Notes, if any

Supporting Documents

DECLARATIONS

I hereby certify that all information submitted in the online application form is accurate and complete.

If I am awarded funding for this project, I will accept the conditions set by Fondazione Telethon ETS.

I authorise the processing of personal data, in compliance with the European General Data Protection Regulation, Reg (EU) 2016/679 for the specific purpose they are collected (any communication of personal data to private or public subject will be allowed only for the specific purpose they are collected).

I authorise the use of my personal data to be contacted by the ERDERA services program.

I authorise to be contacted for involvement in future collaborative initiatives, which might fall within the scope of my research activity.

I authorise to be contacted for dissemination and communication activities (e.g. newsletters, invitations to meetings).

Full Name:

Place:

Date:

SUPPORTING DOCUMENTATION [ATTACHMENTS]