

Reference Number	xxxxx
Institution	Institution xxx,
Lead Applicant	lead Applicant
Total Requested	€xxxxx

PROJECT DATA

Expression of Interest (EOI) Reference Number

xxx

Project Title

xxx

Project Acronym

xxx

Horizon Europe Keywords [Choice 1]

--Select One--

Horizon Europe Keywords [Choice 2]

--Select One--

Horizon Europe Keywords [Choice 3]

--Select One--

Disease Area

Cardiology / Vascular diseases, Dermatology, Dysmorphology, Endocrinology, Gastroenterology, Gynecology, Hematology / Immunology, Metabolic diseases, Musculoskeletal diseases, Nephrology / Urology, Neurology, Ophthalmology, Otolaryngology, Psychiatry / Psychology, Pulmonary / Respiratory diseases, Rheumatology

Disease Name

xx

ORPHA Number

1234567;123456

Target Population

Paediatric

Number of patients

Intervention type

Phase of the Proposed Trial

Project Duration (in months)

Abstract

xxx

SYNOPSIS

- Synopsis.pdf

Total Files: 1

COORDINATING INVESTIGATOR

First Name
Last Name
Affiliation / Organization
Country --Select One--
Position
PIC (Participant Identification Code) Number
European Reference Network (ERN) Yes
Add ERN --Select One--
Phone Number
Email Address
Any other Affiliation / organization Yes
Specify any Other Affiliation / Organization

SPONSOR

Do the Sponsor and the Coordinating Investigator belong to the same institution/organization? No
First Name xx
Last Name xx
Affiliation / Organization xx
Country --Select One--
Position xx

PIC (Partecipant Identification Code) Number
European Reference Network (ERN)
No
Phone Number
Email Address
Co-sponsorship
Yes

CO-SPONSORSHIP

First Name
Last Name
Affiliation / Institution
Country
--Select One--
Position
PIC (Partecipant Identification Code) Number
ERN
Phone Number
Email Address
Does the consortium include a Canadian partner?
Yes

CANADIAN SPONSOR

First Name
Last Name
Affiliation / Institution
Country
--Select One--
Position
Phone Number
Email Address

PARTNERS

Research Partner (PI)	Email	Affiliation	Country	PIC Number	ERN	Role in the consortium	Letter of commitment: uploaded?
xxx	xxx@xxx	xx	Austria	1232441	--Select One--	CTMO	Yes

Letter of commitment

Letter of Commitment.pdf

-

Total Files: 1

COLLABORATORS

Representative Person	Email	Affiliation / Organization	Country	Letter of commitment: uploaded?
xxx	xxx@xxx	xx	xx	Yes

Letter Of Commitment

- Letter of Commitment.pdf

Total Files: 1

BIOSKETCH

Biosketch File

Biosketch.pdf

- Download

Total Files: 1

BUDGET

* Preliminary total budget request (€)

€4,000,000

Preliminary Budget

XXX_Preliminary_Budget.pdf

- Download

Total Files: 1

REVIEWERS

Suggested Reviewers	
Title:	vdv
First Name:	vdv
Last Name:	vdsv
Expertise:	vsdv
Department:	vdsv
Institution:	
Email:	
Reason:	

NOTES

Your Notes, if any
xxx
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:	Test
Place:	Test
Date:	18/09/2026

SUPPORTING DOCUMENTATION [ATTACHMENTS]