

Final date of application is June 1, 2023.

This application form is for Psoriasisfonden only. For application to Gösta A Karlssons 60-års fond, please use the designated application form. Please note that the same project cannot apply for funding from both foundations.

Main applicant (Name, title)	Place of work/applying institution (Complete address, telephone number, email)
Co-applicant (Name, title)	
Project name	
Project abstract (NOTE: In Swedish.) Abstract shall include goal, purpose, method, expected result (mål, syfte, metod, förväntat resultat).	

Abstract cont'd or other relevant information

Funding/project information (please check all that apply)

- ☐ New funding
- ☐ Continued funding
- ☐ Have received/applied for funding from other sources
(if yes, please specify in project budget).

Total project cost in SEK

Amount requested from
Psoriasisfonden in SEK

Extent of project

- ☐ Full time
- ☐ Part time (please specify percentage)

Project phase

- ☐ Start up/early stage
- ☐ Established/full scale

Required attachments, in PDF-format

- Complete research program
- Complete project budget (see information document for key budget posts)
- Curriculum Vitae for main applicant and key team members
- List of publications
- Progress report (required only for applications for continued funding, template provided)
- Approval by ethics committee

Place and date

Name and signature of main applicant

*By signing this application you confirm that you approve Psoriasisförbundet's
usage of your personal data in accordance with GDPR regulations.*



Psoriasisförbundet, Bellmansgatan 30, 1 tr, 118 47 Stockholm
Tel: 08-600 36 36, info@pso.se, www.psoriasisforbundet.se