Application to Gösta A Karlssons 60-årsfond for funding of research within psoriasis/psoriatic arthritis

Final date of application is June 1, 2024.

This application form is for Gösta A Karlssons 60-årsfond only. For application to Psoriasisfonden, 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) |
|--|---|
| | (6611) |
| | |
| Co-applicant | |
| (Name, title) | |
| | |
| Project name | |
| | |
| Project abstract (NOTE: In Swedish. Abstract in full particular Abstract shall include goal, purpose, method, expected | program description may be in English.) |
| Abstract shall include goal, purpose, method, expecte | ed result (mai, syrte, metod, forvantat resultat). |
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| Abstract cont'd or other relevant informa | ntion | | | |
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| Funding/project information (please ch | eck all that apply) | | | |
| New funding | , | Total project cost in SEK | | |
| Continued funding | | Amount requested from Gösta A | | |
| Have received/applied for funding (if yes, please specify in project b | | Karlssons 60-årsfond in SEK | | |
| Extent of project | | Project phase | | |
| Full time | | Start up/early stage | | |
| Part time (please specify percent | age) | Established/full scale | | |
| Required attachments, in PDF format Complete research program, including abstract and timeline. Complete project budget (see information document for key budget posts) Curriculum Vitae for and list of relevant publications for main applicant and key team members Progress report (required only for applications for continued funding, please use template provided) Approval by ethics committee (copy of application not necessary) | | | | |
| Place and date | | nain applicant n you confirm that you approve Psori ata in accordance with GDPR regulati | | |
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