

Final date of application is June 1, 2024.

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.

<b>Main applicant</b> (Name, title)	<b>Place of work/applying institution</b> (Complete address, telephone number, email)
<b>Co-applicant</b> (Name, title)	
<b>Project name</b>	
<b>Project abstract (NOTE: In Swedish. - abstract in full program description may be in English.)</b> 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, including abstract and timeline
- Complete project budget (see information document for key budget posts)
- Curriculum Vitae 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

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