https://ki.se/cns/forskning/forsakringsmedicin/forskning-vid-forsakringsmedicin/insurance-medicine-all-sweden-imas-2

1. Contact Information

Please ensure that all the information requested is included in the application. If you have more than one affiliation, please provide the affiliation that is relevant for this study.

A. Contact information for the lead researcher of the study

Name:

_____

Email:

_____

Title:

_____

Affiliation:

_____

B. Contact information for co-applicants *

☐ No co-applicants.

	Name	Title	Affiliation
Co-author 1			
Co-author 2			
Co-author 3			
Co-author 4			
Co-author 5			
Co-author 6			
Co-author 7			
Co-author 8			
Co-author 9			

https://ki.se/cns/forskning/forsakringsmedicin/forskning-vid-forsakringsmedicin/insurance-medicine-all-sweden-imas-2

2. Aim of the study based on IMAS:

Short description of the study idea including aims and research questions.

3. Attached Document

Please attach a short CV for the lead researcher of the study (no more than 2 pages).

4. Privacy

☐ We request your consent to process your personal information provided in the application, and you have the right to withdraw your consent at any time. Your trust is important to us, and we want you to feel secure when you submit your personal information to us. On 25 May 2018, a new regulatory framework for personal data processing came into force (The General Data Protection Regulation). To read more, please visit this homepage: GDPR regulation at Karolinska Institutet.

*☐ I take full responsibility for ensuring that all applicants have agreed to the collection and use of personal information for the administration of the application and the reporting of aggregated information to the funding agency, Vetenskapsrådet (Swedish Research Council).

Please send both the completed form and your CV to imas-cns@ki.se. We look forward to hearing from you!