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| **RESEARCH TEAM LEADER DATA:** | | | | |
| NAME: | | SURNAME: | | |
| ADDRESS: | | | | |
| CITY: | ZIP CODE: | | | COUNTRY: |
| TELEPHONE: | | | E-MAIL: | |
| RESEARCH CENTER ASSOCIATED: | | | | |

**RESEARCH PROJECT TIMEFRAME: 2 YEARS**

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| **RESEARCH TEAM MEMBERS** (only if more researchers than the main one associated to the project): |
| **RESEARCH PROJECT TITLE**: |
| SUMMARY OF PREVIOUS WORK ON THIS PROJECT BY THE TEAM:\* |
| PREVIOUS RESEARCH ON THIS:\*\* |
| RESEARCH EXPERIENCE HISTORY OF TEAM LEADER:\*\*\* |

*\* It refers to any previous work done by the team relative to this project, Please attached any published articles if there are any*

*\*\* Any previous articles related to this research project that may have been published by other teams*

*\*\*\* To include only reserach experience of main investigator. Not necessary to repeat what has been highlighted in (\*)*

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|  | **Expediente Nº** |
| **GOALS: \*** | |
| **WORK HYPOTHESIS:\*\*** | |

*\* Please list the research project goals. Name what you think the project, if successful, may bring to Duchenne community in the future. Flag if you would anticipate to requir a patent & brand*

*\*\* Please detail the working hypothesis for your project, including the muscle, proteína or gen processes you are trying to address. Feel free to attach any relevant articles*

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|  | **Expediente Nº** |
| **RESEARCH PROJECT DEVELOPMENT (METHODOLOGY):** (1 page max.) | |

*Explain the methodology and try to wrap it along the period you have chosen for your project (1-2 years)*

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|  | **Expediente Nº** |
| **PROJECT PHASES:** (1 page max) | |

*Please explain the different research phases you contemplate for the project. Adjust it to the methodology you are proposing, the timeframe and the economical support required*

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|  | **Expediente Nº** |
| **EQUIPMENT** (SUPPLIED BY THE RESEARCH CENTER): \* | |
| **RESEARCH TEAM** (PROVIDED BY THE RESEARCH CENTER): \*\* | |
| **RESEARCH TEAM**. ASSOCIATES: \*\*\*  NAME:  TITTLE:  NAME:  TITTLE: | |

*\* To locate the project in a well equiped hospital/center is very important for project development, so please refer to the existing equipment in the premises where you expect to do the team's work.*

*\*\* It refers to reserch team working in the research center to be potentially involved in your project).*

*\*\*\* In case you need to add new research associates to the project.*

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|  | **Expediente Nº** |
| **MATERIAL** (EQUIPMENT TO BE ACQUIRED FOR THE PROJECT): | |

*\* Explain why you need this and what will happen with it when the project finishes.*

*\*\* Please make sure this equipment is not available in the research center or other centers associated.*

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|  | **Expediente Nº** |
| **RESEARCH PROJECT APPLICATIONS**: \* (1 page max)  **PATENT & TRADE MARKS OBTENTION POSSIBILITY:** | |

*\* How would your project help the community in the short and long term. Highlight if you would expect the project to continue developping in a new line of investigation beyond the 2 year timeframe as it could be considered as a base for future research projects financed by our association.*

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|  | **Expediente Nº** |
| **PLEASE JUSTIFY THE ECONOMIC HELP REQUIRES**: (1 page max): | |

*Please justify the economic help requested to our association as how the financing should help the project, expected impact from research project, potential profit to be obtained, and relationship with other entities that may provide financing to you.*

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|  | **Expediente Nº** |
| **DETAIL FROM OTHER SUBSIDIES & HELPS YOU ARE RECEIVING TO FINANCE THIS PROJECT OR STUDIES RELATED TO IT**: (1 page additional max) \* | |
| **ATTACHED DOCUMENTATION: \*\***  - CV from principal investigator  - CV from other investigators associated to the project  **-** Report from Ethical & Clinical trials Comittee  - Report from corresponding comittee related to animal use in this research  - Photocopy of ID or Passport from principal investigator  - Photocopy of ID or Passport from investivators associated to the project | |

*\* You need to highlight any help you have received or are receiving related to this research project.*

*\*\* Please add page number to the documents.*

*\*\*\* It refers to Research Director at your research center.*

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|  | **Expediente Nº** |
| **ANNEX** | |

**PROTECTION OF PERSONAL DATA**

The main Investigator and the rest of the group, will authorise the treatment of the personal data by DUCHENNE PARENT PROJECT SPAIN, in the compliance of the Regalement (UE) 20167679 of the European Parliament and the Council, 27 April 2016, related to the protection of physical individual, as well as recipient of the information provided, with the objective of carrying out a selection process, and if it is concerned, dealing with the concession of the aid and the monitoring of the aid, just as it is established in the basis of the call.

The Responsible of the Treatment is DUCHENNE PARENT PROJECT SPAIN, addressed in Calle Casco antiguo 12, local B, 28032, Madrid.

The personal data of the beneficiary will be conserved as long as it is into force the aid concession, and five more years.

The personal data of the non-beneficiary, will be eliminated within a period time of a week since the aid concession

In case of do not submit the requested consent, it will not be possible to have the data of the possible beneficiary, so the members who do not hand over it, will not be beneficiary of the aid.

The legal base for the treatment of the data is the benefit of the consent of the interested person.

It will not be communicated the data to third party, unless legal obligation.

It is planed the communication of the data to other collaborated recipient of DPPS for the same objectives previously written such a: professional of the Association, companies hired by the Association, volunteers, supported worker, and other entities who are necessary to give support in order to fulfil the aim described.

The interested person can apply, the next rights: access, cancellation, elimination, limitation, rectification, portability and forgotten right. It can be requested by any person. The procedure is attaching a photocopy of the ID or passport and giving to the following address: Calle Casco antiguo 12, local B, 28032, Madrid.

Any interested can go to the Control Authority in Data Protection subject competent (in Spain is competent the Spanish Agency of Data Protection, AGPD). You can contact to this entity through the website: [www.agpd.es](http://www.agpd.es)