

# EFSD and JDS

## Reciprocal Travel Research Fellowship Application

Deadline for Applications: 3 July 2023

**Important! Please send your application as one complete PDF email attachment by 19:00 (JST) on the deadline date, to**

[fellowships@to-nyo.org](mailto:fellowships@to-nyo.org)

**We only require an electronic version – please do not send paper copies.**

### **General Information:**

- Unless specified otherwise, applicants must be employed by a non-profit institution, the present (home) and/or the host institution (if applicable) should be based in Japan.
- It is prohibited to remove sections or change the application form template. Incomplete applications will be rejected.

## 1. Applicant Information

Please note EFSD/JDS will be contacting you by both surface mail and email. Therefore, a complete postal address should be provided.

Applicant (Full name):

以下該当にチェック、および必要事項を記入ください。

\_\_\_\_\_

JDS Membership:            Member             •    Waiting for approval

JDS Membership number: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Institution name (anglicised version):

\_\_\_\_\_

Postal address (anglicised version):

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

以下記入の上、最終ページにある受入先機関からの確認署名書類を別途添付ください。

**Mandatory: A signed letter from the collaborating institution confirming the co-operation must be attached to this application.**

Collaborator (Full name):

\_\_\_\_\_

Institution name:

\_\_\_\_\_

Postal address:

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Officer responsible for institution/project liaison:

\_\_\_\_\_

## 2. Application Details

Title of proposal: (max 100 characters) - except where appropriate, please use lower case

必要箇所以外は小文字で記載ください(英数字記号含め 100 文字以内)

---

---

Total budget requested: **Japanese Yen:**

This project is:            Clinical                             Basic

Project Period:            **From:**                            **To:**

Research Abroad Period: **From:**                            **To:**

### 3. Signatures and Declaration

Responsible financial officer to whom funds should be sent and who will keep a full account of disbursements:

**Note:** All funds will be transferred from JDS accounts.

JDS に申請し採択された助成金は、日本国内の所属機関へ交付されず (EFSD への申請は欧州国内)。所属機関の経理責任者の情報をご記入ください。

Officer Name (Full name): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Grant payable to (Institution Name only): \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

***Declaration: We the undersigned declare that the information submitted is accurate and complete (to the best of our knowledge,) and that we shall accept JDS regulations if this application is funded. We further confirm that all staff grading and salaries quoted are correct and in accordance with the normal practice of this institution.***

***Principal Investigator (applicant) assurance: The undersigned agrees to accept responsibility for the scientific and technical conduct of the research project.***

**Signature:** Applicant:

申請者の署名

**Signature & Stamp:** Administrative official (e.g. Dean, Head of Department)

管理責任者の署名および公印

**Note:** If signatures cannot be obtained prior to submission of the application, this completed page may be sent up to 5 working days after the Programme deadline date. A scan of the originally signed page will suffice.

**4.Scientific Abstract – EFSD/JDS Reciprocal Travel Research Fellowship Programme 2023**

プログラム対象研究の要約を記載ください。

**PROJECT TITLE:**

(max 100 characters)

**Applicant – NAME:**

**Applicant – INSTITUTION:**

---

Do not exceed **300 words** in type no smaller than 12 point Arial:

## 5. Biographical Sketch:

This part must not exceed 3 pages in Arial 12 point, single line spacing. List your education and employment in **reverse chronological order**. List in chronological order the titles of and complete references to all publications during the past three years. Please also list earlier publications pertinent to this application. If a complete list of publications exceeds the three-page limit, you should choose those most pertinent to this application.

Date and place of birth: \_\_\_\_\_

### Education:

Name / location of college or university: \_\_\_\_\_

Highest degree: \_\_\_\_\_

Year conferred: \_\_\_\_\_

Field of study: \_\_\_\_\_

### Research and / or professional experience:

こちらのページは、フォント Arial、12ポイント、行間1行、3ページ以内で記載ください。

- ・教育および勤務経歴を最新のものから順にリスト
- ・過去3年間の出版物・発表論文を古いものから順にリスト
- ・本申請に関連する先行出版物・発表論文があればリスト

3ページを超過する場合は、本申請に最も関係するものを選択し、3ページ以内で記載ください。

## 6. Financial Support

**IMPORTANT:** Please be aware that EFSD/JDS does not support any investigator with more than one award at any given time, whether or not the projects are in related fields and independent of the EFSD/JDS programme providing the respective funding. It will therefore be necessary for you to have completed the current project supported by EFSD/JDS and have submitted a final scientific report before any new funding can commence. Furthermore, the current award must be nearing completion (within six months) in order for any new application to be considered.

本助成金は、同時期に当学会/他機関に関わらず他の賞と重複して受賞する事はできません。

List ALL financial support (current or approved for funding). Give complete titles of all awards as well as total award (in currency of contracts), funding dates, the role of the applicant and per cent of time devoted to each award. Attach the abstract page of all sources of support (pending or current). **Consecutively number any attachments for this section.**

既に受けている助成金があれば詳細を記載ください。保留もしくは受賞している助成金の助成案内情報ページなどを、通し番号を付けて添付ください。

Is support for this project being sought elsewhere or from another EFSD/JDS programme?

本助成金プログラム以外にも、助成金の申請を検討もしくは既に申請しているプログラムがあれば、詳細を記載下さい。

Yes:  No:

If yes, from which agencies? List below the titles of the project(s), total funding requested, and specify areas where there are overlaps in budget requests. Also, indicate the expected starting date for funding. **If support for this project is obtained from other sources, any funds awarded by EFSD/JDS will be withdrawn.**

Have you received support through EFSD/JDS awards previously?

Yes:  No:

EFSD もしくは JDS から受賞した賞があれば、以下記載ください。

**If yes, please provide the following information for each award:**

Name of EFSD/JDS programme making the award:

\_\_\_\_\_

Title of project: \_\_\_\_\_

Project start date: \_\_\_\_\_ Project finish date: \_\_\_\_\_

Is the present application for competitive renewal of the existing award?

Yes:  No:

注)過去に本プログラム助成金を受賞した方の再申請は不可となります。

## 7. Ethical Approvals

Will your project involve experiments requiring ethical approval/s?

Yes:       No:

Should this application result in the granting of an award, a copy of the ethical approval/s will need to be attached to the fellowship activation documentation. Please do not attach any approvals to the application form.

**Please note: No payments will be transferred until the appropriate human and/or animal approval/s have been granted and a copy received in the JDS Office.**

倫理審査を必要とするプロジェクトの場合、  
採択後に承認書類コピーの提出が必要となります。

**！本申請段階では承認書類は添付しないでください！**



## 8. Budget

A detailed budget must be provided on the following pages (please complete all parts of the forms). The budget period (time) during which the sum requested will be spent according to the specific needs of the project must be clearly stated and justified where indicated. **Please state your costs in Japanese Yen (JPY).**

Total budget period (in months): 12 month(s)

### 記入例

#### Budget A

Personnel: (name)	Role on project	% Effort on project	Institutional base salary/Year	Salary request *
AAA BBBB	P. leader	100%	1,000,000	1,250,000
CCC DDDD	R. Assist	50%	800,000	500,000
			年間の基本報酬額	年間基本報酬 × %effort に保険や福利厚生費などを含めた総額
<b>Subtotal JPY:</b>				<b>1,750,000</b>
Supplies (description): 研究における消耗備品・器具、少額の備品などを記載 (research & scientific supplies in rather small amount and consumable)			<b>Subtotal JPY1,000,000-</b>	
Other costs (please specify): 航空運賃、現地生活費(住宅・交通・食費)などを記載 (flight, house rent, living allocation)			<b>Subtotal JPY1,000,000-</b>	
Consultant / contractual costs: コンサル、外部業務委託などを記載 (data analysis, research experiment etc.)			<b>Subtotal JPY250,000-</b>	
Equipment (please describe): 長期的に使用する耐久機器・機械・用具など、supplies に含めない比較的高額な備品費を記載 (used for scientific, technical, and research purpose that rather expensive and durable)			<b>Subtotal JPY500,000-</b>	
<b>SUBTOTAL DIRECT COSTS</b>			<b>JPY4,500,000-</b>	
INDIRECT COSTS (maximum 10%)			<b>JPY500,000-</b>	
<b>TOTAL BUDGET REQUEST</b>			所属機関に支払う間接費、維持費などがあれば記入 (上限は申請額の 10%です)	
<i>May not exceed JPY 5,000,000</i> (Direct + indirect costs including salaries)			<b>TOTAL JPY5,000,000-</b>	

予算はできる限り研究に直接関係する実験・調査費などに充当する事が望まれます

**Contractual costs:**

Please fill out this page for any contractual costs (i.e. work carried out at another institution or company) requested in the detailed budget A. **If none, do not fill out this page.**

Budget A に記載している Contractual cost の詳細を以下に記載ください

From: 01/2021 Through: 03/2021

**記入例**

**Budget B - contractual costs**

Budget category: Personnel (name)	Role on project	% Effort on project	Institutional base salary	Salary request*
EEE FFFF	Analyst	25%	800,000	250,000
<b>Subtotal JPY:</b>				250,000
Supplies (description):			<b>Subtotal JPY -</b>	
Equipment:			<b>Subtotal JPY**500,000-</b>	
Budget A に記載している Equipment 費を同様に記載				
Other costs (please specify):			<b>Subtotal JPY -</b>	
<b>SUBTOTAL DIRECT COSTS</b>			<b>TOTAL JPY750,000-</b>	

\* Gross salary including social charges, fringe benefits. The salary requested may not exceed (% effort) x (gross salary).

\*\* Also list equipment costs under Equipment on previous page.

**Note:** Enter sub-total direct costs under Consultant / Contractual Costs on previous page.

## 9. Budget Justification:

Please provide a justification for each item listed in the budget including contractual costs (Budget B), as well as for the expected duration (time in months) of the project. This budget justification will be reviewed carefully and the Programme Board, on advisement from the Review Committee, may on occasion and at its discretion recommend an award in a lesser amount considered more appropriate for the proposed studies.

---

Budget A/B に記入した予算の根拠を、対象期間(月数)など合わせて記載ください。  
場合によっては予算の減額を助言することもあります。

## 10. RESEARCH PLAN GUIDELINES

### General considerations

以下参考に研究計画を立ててください

- A clear relationship to diabetes (and to any specific focus of a particular call for applications) must be obvious.
  - Ensure that the sections in the proposal are balanced in length: a long introduction leaving too little space for preliminary data and a detailed work plan will decrease the chances of success.
  - The review panel will consider the information provided as an example of the principal investigator's approach to a research objective and as an indication of ability in this area of research.
  - Provide clear justification for each budget item. This will allow the reviewers to determine whether the budget is appropriate for the proposed work. It might be helpful to explain local funding policies underlying certain requests.
  - Be completely open about support from other sources, including support from pharmaceutical industry. If the project is already supported from other sources, please explain this in detail and justify the additional/complementary resources requested.
  - **Note the new page limit of 3 pages total for parts 10 a-f of the Research Plan, including preliminary data** (Figures and Tables), but excluding collaborative arrangements, references and abstracts of other grants. No additional material (such as manuscript reprints, appendices etc.) will be accepted. Any application exceeding this page limit will be returned without review. The text must be written **in type no smaller than 12-point Arial with single line spacing.**
- a. Introduction**
- 1) Objective
  - 2) Background and current status of research in the proposed field of study that has led to this proposal.
- Be careful and honest in describing the background literature (work from others).
  - It is important that the reader gets a feel for novelty. Which gap in knowledge is being filled by the proposal?
  - Hypothesis: A carefully crafted introduction/background will make the formulation of the hypothesis obvious. This should be formulated as precisely and distinctly as possible. Is it novel? Is it important? If the study is hypothesis-free or descriptive, this must be justified.
- b. Specific aims for the period of requested support**
- Must succinctly describe the approach to test the hypothesis.
  - Too many aims may give the impression of fragmentation.

**c. Preliminary data**

- This is an important part of the application that will provide evidence to reviewers of the rationale and feasibility of the proposed experiments.
- Refer briefly to any of your own previously published work that is directly relevant to the proposed experiments.
- Describe relevant new experiments and provide unpublished preliminary data in the form of figures or tables.

**d. Detailed plan of investigation with clearly set out project plan, methods, time plans with milestones and deliverables**

- Please state if a power analysis has been performed and provide details of same. If this is not the case, please explain why a power analysis is not applicable to the project.
- Does the work plan correspond to the aims in a direct fashion?
- Potential pitfalls: It is useful to openly discuss challenges or vulnerabilities to a certain approach and to elaborate on potential alternatives to give the feeling that the best way forward has been chosen.
- If the study is a clinical trial, all aspects of design must be carefully considered. It is helpful to ensure that appropriate expertise is represented in the proposal.

**e. Novelty and importance of this work – relevance to the specific aims of this EFSD/JDS Research Programme if applicable**

**f. Facilities available**

**g. Collaborative arrangements (a letter of confirmation from each collaborator is required)**

**h. References (no page limit)**

**i. Abstract pages from all other sources of support (pending or current)**

## Letter/s of Support (to be attached to the application)

1. For all applications please attach a letter of support from your current supervisor/mentor.
2. If you are intending to move to another institution to carry out this project, a second letter of support must be attached from your future supervisor/mentor at that host institution.

1. 現在の所属機関の管理者/指導教授からの推薦状を提出ください。
2. 本申請対象のプロジェクト遂行のために所属機関を移る場合は、移動先の管理責任者または指導教授からの推薦状も1と一緒に提出ください。

# EFSD/JDS

European Foundation for the Study of Diabetes  
and the Japan Diabetes Society

受入先機関より本申請への確認署名をいただき、PDFで申請書類に添付ください。

## Collaborator Statement

Address of collaborating Institute:

---

---

---

---

Name of Collaborator: \_\_\_\_\_

I herewith confirm that I have read and agreed with the scientific protocol of this application. The application is feasible and includes novel aspects that will advance scientific knowledge in this field and that the protocol of this project is in accordance with the requirements outlined in the Announcement for this Programme.

\_\_\_\_\_  
Date, Place, Signature

\_\_\_\_\_  
Official Stamp of Institute