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| P.O. Box 363, 8032 Zurich |  | University Hospital of Psychiatry ZurichMedical Board of DirectorsLenggstrasse 31, P.O. Box 3638032 ZurichTelephone +41 58 384 23 12Switchboard +41 58 384 21 11www.pukzh.chChairman:Prof. Dr. med. Erich Seifritz |
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| Application Form**Fund for scientific purposes in the interest of curing mental illnesses** |

Funding for one year and up to max. CHF 20’000

Application to be submitted online by March 1st (to: sekretariat.seifritz@bli.uzh.ch)

Notification of outcome will be sent 4-5 month after the application deadline

**Applicant Information**

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| --- | --- |
| Principal Investigator/Applicant |  |
| Position title |  |
| Employer/Institution |  |
| E-mail address |  |
| Qualifications |  |
| Employment |  |
| Main publications |  |
| \*include 1 page Bio-Sketch |  |

**Application (max. 2-3 A4 pages)**

|  |  |
| --- | --- |
| Project title |  |
| Background |  |
| Specific Research Aims |  |
| Preliminary Results (if available) |  |
| Methods |  |
| Scientific-clinical Significance |  |
| References |  |
| 12-month budget |  |
| Other Support: List of current and planned financial support for the project |  |
| Resources and Environment: Describe clinical or laboratory resources in sufficent detail. |  |