**Research prize 2024 AMARAPE – FMR**

In loving memory of Mlle Christelle KIEFFER

**Proposal form – in English -** *In Calibri or Arial 10*

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| --- |
| **Principal Investigator (PI) Identification** |
| **Title, Name and First name** |  |
| **Email and phone** |  |
| **Unit code (EA, UMR…)** |  |
| **Institutional affiliation** **and address** |  |
| **Permanent** | Yes/no ? |

*Please note that only your activities directly related to rare peritoneal diseases will be considered. No other activities (digestive or metastatic diseases, etc.) will be considered.*

**Degrees list**

Please list here your degrees (1 page max).

**Experiences list**

Please list here your scientific positions, your teaching positions, your experiences and the networks in rare peritoneal diseases you belong to (2 pages max).

**Communications list**

Please list here, in order, your :

1/Publications in peer-reviewed journals on rare peritoneal diseases

2/ Patents on rare peritoneal diseases

3/ Oral presentations to scientific public on rare peritoneal diseases

4/ Posters to scientific public on rare peritoneal diseases

5/ Communications for the general public on rare peritoneal diseases

**Scientific awards list**

Please list here, in order, your :

1/ Awards

2/ Obtained funding (year, source, amount, topic) on rare peritoneal diseases

3/ Industrial contracts on rare peritoneal diseases

**Demonstration of the quality and impact of your research on rare peritoneal diseases (max. 2 pages)**

Narrated impact of 5 to 10 selected publications on rare peritoneal diseases. Demonstration of the impact of published work: number of citations, improvement in diagnosis, survival, recovery time after treatment or quality of life, etc.

**Demonstration of your impact on rare peritoneal diseases (max. 2 pages)**

Narrated impact of your :

- Academic or industrial collaborations on rare peritoneal diseases,

- training through research, participation in doctoral juries, international exchanges, etc. on rare peritoneal diseases

- Participatory research: interactions with the non-academic environment, including patient associations, scientific mediation activities on the subject of rare peritoneal diseases.

**Demonstration of the quality of your research team (max. 1 page)**

Objectives, management, organisation and 5-year strategy on rare peritoneal diseases.

In the framework of this form, we collect Personal Data freely provided by the user including (but not limited to): name, email address, and any other details specifically asked in the survey. We do not share personally identifiable information with unrelated Third Parties. However, we may disclose, transfer, or share your Personal Data - anonymized or in its original format- with certain third parties without further notice to you, only for reasons related to the purposes of this survey.

I agree with the following conditions:

Information and Data protection conditions

The information of this form will be used for this purpose only and may be shared within Fondation Maladies Rares, AMARAPE or external experts. The information you should provide includes personal data referred to contact details, such as your name, email address and phone number. Personal data will be collected to allow contacting for further details, if needed. No sensitive data will be collected.

All the collected data will be kept confidential and will not circulate beyond Fondation Maladies Rares, AMARAPE and external experts.

All the information will be made available in an aggregated manner (e.g. cumulative data and statistics).

Fondation Maladies Rares will be responsible for the collection of personal data (see Privacy policy).

Fondation Maladies Rares will be responsible for processing the personal data.

I have read the above information and:

I authorise the processing of personal data, in compliance with the European General Data Protection Regulation, Reg (EU) 2016/679 for the specific purpose they are collected (any communication of personal data to private or public subject will be allowed only for the specific purpose they are collected).

[ ]  I authorise to be contacted for involvement in future collaborative initiatives, which might fall within the scope of my research activity.

[ ]  I authorise to be contacted for dissemination and communication activities (e.g. newsletters, invitations to meetings).

**Signature of the PI**

**Signature of the lab director**

**Stamp and signature of your fund management organization (mandatory)**

*Please note that no overheads, nor institutional fees are permitted.*