**Request for ESOT involvement in international projects**

**Rationale**

The European Society for Organ Transplantation (<https://esot.org/>) evaluates its direct involvement in EU-funded projects on a case-by-case basis based upon information provided by prospective applicants. This form needs to be completed when ESOT involvement is anticipated in a proposal addressing a call for submission by a funding programme.

**Important note**

The European Society for Organ Transplantation (ESOT) has its headquarter/incorporation in the district of Amsterdam. ESOT is the umbrella organisation under which all European transplant activities are organised and it cooperates with many other organisations to structure and streamline transplant activities in Europe.

**In order to ensure that ESOT has sufficient time to review your proposal and discuss potential participation, please complete the form and return it at least *three months before the call submission deadline*. After this date, we cannot guarantee that we will have sufficient time to process your request.**

**1. Contact information**

|  |  |
| --- | --- |
| **Contact person for this proposal** | **Project main coordinator** |
| Title: | Title: |
| Name and surname: | Name and surname: |
| Email: | Email: |
| Phone number: | Phone number: |
| Institute: | Institute: |
| City | City |
| Country: | Country: |

**2. Information on the programme to which your proposal will be submitted**

2.1. Type of EU-funded:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.2. Details about the specific call you are planning to apply for (name, code, short description (if appropriate)):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.3. Submission deadline:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.4. Duration of the project (number of months or years):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.5. Amount of the grant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.6. Link to draft project proposal (can be sent as attachment if no link available):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Information on your project’s proposal**

3.1. Acronym and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.2. Are you or someone else in the consortium an ESOT member?

🞎 Yes, an ESOT member is involved in the proposed consortium, please provide name:

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 No, there are no ESOT members involved in this consortium.

🞎 I don’t know.

3.3. List all the expected consortium partners:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.4. Summary of the proposed project and its objectives as well as the added-value of ESOT participation in the project (max 100 words):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.5. Expected role and main tasks for ESOT in the framework of this project (e.g. as work package leader for dissemination; educational and training activities; patient involvement etc.) (max 100 words):

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3.6. Expected project deliverables from ESOT:

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3.7. Anticipated budget for ESOT participation (if already known):

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3.8. How the project addresses the expected impact of the call?

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3.9. Relevance of the project to transplantation?

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**4. ESOT applies strict rules on conflict of interest (CoI)**

ESOT rules on COI must be respected by all project participants. Please refer to ESOT By-Laws (<https://esot.org/by-laws/>)

4.1. 🞎 I have read and I understand the ESOT COI policy.

**5. Procedure and timing**

This form together with any relevant other information provided by the applicant will be sent to Geir Mjoen. An initial reply, which will set out a more specific timeline for the ESOT decision, will be sent to the proposal’s contact person as early as possible.

**6. Confidentiality**

Please note ESOT might decide to participate in more than one call for proposal on the same topic. Strict confidentiality rules will ensure that no information will be released to any other parties.