

**JENIOUS Project Proposal**

*All relevant questions must be answered for this form to be complete (preferably fill in electronically; in case of handwriting, use capitals).*

**CONTACT AND GENERAL INFORMATION**

* 1. **Name and surname of the proposal’s author:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. **Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	3. **Contact Information:**
* **E-mail address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone (with country and area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	1. **Are You an ISPAD member?** ( ) Yes ( ) No
	2. **Are You a JENIOUS member?** ( ) Yes ( ) No

**PROPOSED PROJECT**

*The following should not exceed 300-350 words.*

* 1. **Title:**
	2. **Brief Background:**
	3. **Objective:**
	4. **Methods:**
	5. **Feasibility:**
	6. **Expected Results** (indicate how do you assume your project focuses on improvement of diabetes care)
	7. **Costs** (indicate if there are any costs related to the project and if any indicate the source for covering tchem).
	8. **Time Outline:**