Please send the application to: Kiropraktorfonden c/o Regionernes Lønnings- og Takstnævn Dampfærgevej 22 Postbox 2593 DK-2100 Copenhagen Ø Denmark

## Application for a *Danish Chiropractic Research Stipend* from **The Foundation for Chiropractic Research and Post Graduate Education**

Applicant's name		
(if the applicant is an institute/institution, also include	the name of the contact f	For The Foundation for
Chiropractic Research and Post Graduate Education)		
Position and education		
Present workplace: Address, telephone and e-mail		
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(to be used as the project's postal address □)		
(to be used as the project's postal address $\Box$ )		
Workplace for project implementation: Address, telep	hone and e-mail	
(to be used as the project's postal address □)		
(Coronical de project o production de project de projec		
Personal address, telephone and e-mail		
(to be used as the project's postal address □)		
Project title (20 words max.)		
Total sum applied for, DKK	DKK (explained on	The applicant wishes to
(remember to include 25% VAT and overheads, if	page 2):	use the sum in the
relevant)		following time period:
Total anticipated duration of the project	Start:	Finish:
Partial funding from the applicant's home country:		
Indicate source of partial funding (instution or foundate	ion) and amount:	

Notice of gra	ant in respect	t of the partia	l funding <b>must</b> t	pe enclosed	
			The Foundation for this or other p	for Chiropractic Research as projects?	nd Post Graduate
Same 1	project	Year	Sum granted	Proie	ect title
Yes	No		Sum grantea		
Brief project	t description	in a form suit	table for publica	tion (see detailed statement	on page 4).
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Detailed bud items:	lget for the s	um applied fo	or. The sum appl	ied for of DKK	covers the following
		ntire project:			
Budget item		Tot	al, DKK	Sum applied for of this amount	Support from other sources applied for in
				from the Foundation for	DKK
				Chiropractic Research	
				and Post Graduate Education, DKK	
Year 1					
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Year 1, total					
Subsequent	<u>years</u>				

Subsequent years, total			
Total DKK for the project			
	project. Also specify the to	alifications, such as educations alifications, such as educations, otal number of publications, lications).	
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		NIKKB <u>if</u> employment/enrount the institute to house the	
relevant.	is well as a communent fro	in the institute to nouse the	applicant, if desired and
Statement of affiliation w indicated above. Enclosed		n research institution, if any	, in addition to the venues
For PhD project funding ap	oplications:		
rorrang up	, p. 1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Indicate the name of the pro-	oject's primary supervisor (	name, position, work addre	ss, project affiliation).
For post doc project funding	ng applications:		
Indicate the name of emplo	ovees/participants in the pro	ject group and the name of	the primary collaboration
partner (name, position, wo			p j voitaooration

If applying for salary for PhD study or similar research position, please enclose a statement from the supervisor.
Statement enclosed
Name of any reference who has been notified of and accepts that the Foundation for Chiropractic Research and Post Graduate Education obtains additional, supplementary remarks as required (name, position, work address, project affiliation).
State a detailed project description below or enclose as an appendix; max. of five A4 pages, however. Enclosed $\square$

Submit 12 copies of the application	(including any appendices)	
Date	Signature	