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| **APPLICATION FOR ECFS WORKING GROUP** |
| Any active member of the Society may consider the establishment of a Working Group supporting a specialist area related to Cystic Fibrosis. |
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| ECFS financial support for a Working Group is primarily for meetings and networking. It is not available for the purposes of funding research or consumables. |
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| Title of Working Group: |
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| Contact details of Coordinator:  |
| Aims and objectives of Working Group: |
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| Summary of proposed area of work (include background, previous work in this field, reason behind this application): |
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| Structure of Working Group including names of the Coordinator and all proposed participants (including country of work and membership of other ECFS or CF Related Working Groups): |
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| Are all proposed participants members of the ECFS? Please provide details.(To help answer this question, you are invited to submit a list of proposed Working Group members to the ECFS office for confirmation of current membership).   |
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| Please provide your proposed three-year plan outline to include meetings/networking requirements requiring funding support: |
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| Please confirm that you have read and agreed to the Establishment and Terms of Reference for ECFS Working Groups:  |
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| This application must be received by the ECFS Office by the deadlines of end of August or end of February for evaluation by the ECFS Board. |