**Proposal Evalution Form**

For individual applications

"Clinical research and clinically-oriented basic research"

**General Information**

Please inform us as soon as possible, if you are not able/willing to review this proposal. We would also like to ask you to give us any information regarding potential conflicts of interest (see attached sheet).

Of course, your evaluation will be treated with utmost confidentiality. We do assume, however, that we can communicate parts of your evaluation in an anonymized manner to the applicant. If your evaluation contains information that is only intended for our Scientific Advisory Board, please inform us of this.

We would like to point out that the German Cancer Aid does not normally contact the applicant about content-related questions. A revision of the work program or of the application by the applicant during the evaluation procedure is not considered particularly useful by the relevant committees of the German Cancer Aid. If the application is not eligible for funding in its present form, the applicant will receive all the reviewers' criticisms in their letter of rejection. The applicant then has the opportunity of submitting a revised application.

**Application Details**

|  |
| --- |
| Applicant: |
| Project Title: |
| Reference Number: |
| Reviewer: |

**Scientific Quality of the Project/Current State of Research**

Please evaluate the scientific quality of the project and the current state of research on the basis of the following criteria:

* Actuality, degree of innovation
* Expected risks
* Expected insights
* Scientific importance

**Comment**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ****Overall Impression**** (Scientific Quality/Current State of Research): | | | | |
| outstanding | good | satisfactory | insufficient | Cannot be judged |

**Relevance of the project for the clinic/Potential for clinical application**

**Comment**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ****Overall Impression**** (Relevance of the project for the clinic/Potential for clinical application): | | | | |
| Yes, immediate | Yes,  not directly | possible | Is not  foreseeable | Cannot be judged |

**Conditions for a successful implementation of the project**

Please evaluate the conditions for a successful implementation of the project on the basis of the following criteria:

* Quality of the project-specific preliminary work?
* Quality of publications and the results achieved to date
* Expertise/Qualification of the applicant
* Job opportunities/scientific environment
* Research field
* Consideration of the current state of research
* For renewal applications: Performance in the last funding period (successful/not successful)

**Comment**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ****Overall Impression**** (Conditions for a successful implementation of the project): | | | | |
| outstanding | good | satisfactory | insufficient | Cannot be judged |

**Planned Work Program**

Please evaluate the planned work program on the basis of the following criteria:

* Working hypotheses
* Goals
* Solidity of the approach
* Appropriate definement of the subject matter/work program
* Suitability/appropriateness/practicality of the methods taking the current state of research into account
* Feasibility of finishing the project in the proposed funding period.

**Comment**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ****Overall Impression**** (Planned Work Program): | | | | |
| outstanding | good | satisfactory | insufficient | Cannot be judged |

**Requested Funding**

Please evaluate the requested funding.

**Final Comments/ Overall Impression**

**With my signature, I confirm that I accept the rules of the German Cancer Aid for confidentiality and potential prejudice or possible conflict of interest and herewith confirm that no conflict of interest exists.**

|  |  |  |
| --- | --- | --- |
| **Place and Date:** |  | **Signature:** |