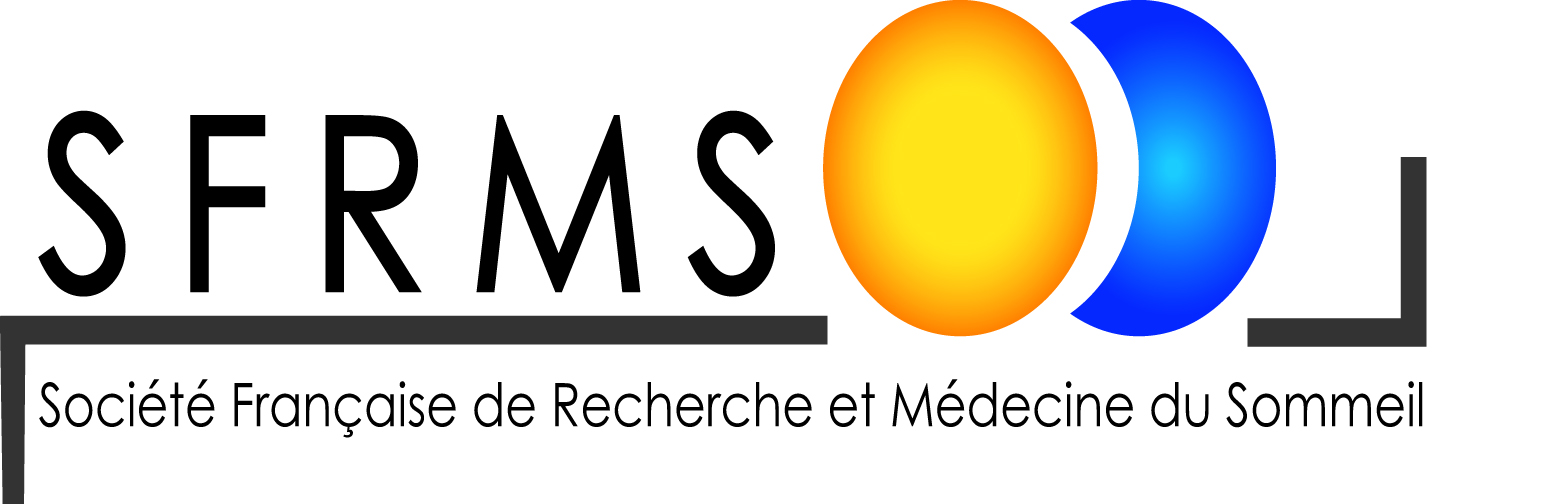
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**DOCTORAL GRANT 2025**

**TO FINANCE THREE YEARS OF RESEARCH**

Deadline for receipt of applications: **Friday March 28, 2025 (inclusive)**; applications received after this date will not be considered. An acknowledgement of receipt will be sent to you.

All documents must be sent by e-mail: [bourses@sfrms.org](mailto:bourses@sfrms.org)

**Eligibility requirements** :

* The application must be submitted by the thesis director, with or without an identified candidate.
* Candidates must have obtained a Master's degree from a university that allows them to register for a thesis at a French university within the three years preceding registration.
* Candidates must be enrolled in a 1st year PhD thesis in a French research unit in 2025.
* Project lasting a maximum of 3 years (in the event of extension, funding for a 4th year thesis will not be covered by this grant).
* The thesis director must be a member of the SFRMS and up to date with his or her membership dues.
* Complete application with confirmation of any co-financing received.

**Eligible expenses**

The amount of this grant will be paid **to a public institution**, which will allocate the sum to the recipient in the form of **salaries and social charges only**, in accordance with current regulations, over a 36-month period. The doctoral student's monthly remuneration must be at least equal to that set by the ministerial decree of December 26, 2022. The annual amount allocated may be adjusted in line with changes in regulations and universities.

Once SFRMS funding has been granted, and in order to enter into a contract, the future doctoral student must be enrolled in the first year of the doctorate program (supporting document: school certificate indicating enrolment in 1st year) and benefit from a fixed-term contract with the beneficiary supervisory body, conferring employee status.

The agreement (SFRMS/Managing organization) must be signed no later than December 31 of the current year or the year following the outcome of the call for projects.

As a matter of principle, SFRMS asks the managing bodies to waive the management fees deducted from the funding. Where this is strictly impossible, the rate of management fees charged to the project will be capped at 5% of the total project amount.

**Payment terms and conditions**

The applicant must be employed at the start of the doctoral contract. The 1st grant is paid once a fixed-term contract has been signed between the beneficiary and his/her managing organization (employer).

Payment of 30% of the funding awarded under this scheme will be made every year\*\*, with a report from the thesis monitoring committee at the end of the 1st and 2nd year, and an annual financial report summarizing the salaries paid.

The remaining 10% is subject to the thesis defense certificate and an article submitted to the journal Médecine du sommeil during the thesis.

If a doctoral student withdraws during the course of their thesis, the grant cannot be modified in favor of a new candidate. Grants will be paid in proportion to expenses incurred up to the date of withdrawal.

The SFRMS reserves the right not to award all the grants in the 2025 call if the quality of the applications received is deemed insufficient or non-compliant.

Applications for the various research grants are open only to SFRMS members who are up to date with their annual membership fees.

*\*Adjustable amount depending on management organization*

*\*\* on the "anniversary" date of the signing of the agreement*

***This application file must be saved as a PDF file with the name of thesis director in the file name.***

***The application must be sent to*** [***bourses@sfrms.org***](mailto:bourses@sfrms.org)

**[Please indicate here the Thesis title]**

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| Une image contenant Caractère coloré, cercle  Description générée automatiquement | **Contents** |

**Each section must be carefully completed for the application to be accepted. Incomplete applications will not be evaluated by the Awards Committee. For any questions:** [**bourses@sfrms.org**](mailto:bourses@sfrms.org)

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| Une image contenant Caractère coloré, cercle  Description générée automatiquement  **Section 1** | Host team presentation |

## Host team

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of host team :** | |  | |
| Host team affiliation (establishment, unit, etc.) : | |  | |
| Address: | |  | |
| E-mail address : | |  | |
| Phone : | |  | |
| **Is the host team part of an SFRMS-accredited Sleep Center?** | | | **YES/NO** |
| **Candidate's thesis supervisor in host team :** | | | |
| **NAME :** |  | | |
| **First name :** |  | | |
| Function: |  | | |
| E-mail address : |  | | |
| Phone : |  | | |

## List of participants in the project

|  |  |  |  |
| --- | --- | --- | --- |
| **SURNAME First name** | **Function** | **% of work time allocated to the project** | **Signature** |
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\*Given the exclusively electronic nature of the application submission process, it is necessary either to insert a digitized signature, or to print out this page, sign it, digitize it and add it back to the file at this point.

## List of publications

Please list below your most significant publications over the last 4 years, restricting yourself to original articles published in peer-reviewed journals, relevant to the field concerned and excluding clinical cases, letters and editorials .

The presentation format of this list must be as follows:

Name Author 1 Initial Author 1, Name Author 2 Initial Author 2, ... Title of article. *Magazine or Journal* Year; number: first page-last page

**List of publications by the Candidate's thesis supervisor :**

**List of other publications (not listed above) by the host team :**

|  |  |
| --- | --- |
| Une image contenant Caractère coloré, cercle  Description générée automatiquement  **Section 2** | Project summary |

## Title, theme and type of project

**Title of thesis :**

**Theme(s) :**

(in the box on the right, indicate the main theme with the number "**1**", and any secondary themes with "2")

|  |  |
| --- | --- |
| Cardiovascular |  |
| Neuroscience |  |
| Pediatrics |  |
| Psychiatry |  |
| Respiratory |  |
| Public health |  |
| Other (specify) : |  |

**Type of study :**

(tick box)

|  |  |
| --- | --- |
| Experimental study (animal or *in vitro*) |  |
| Basic human research |  |
| Applied human research |  |
| Diagnostic clinical research |  |
| Therapeutic clinical research |  |
| Other (specify) : |  |

## Keywords

Enter a maximum of 6 keywords:

|  |
| --- |
|  |

## Summary

The abstract should not exceed 500 words

|  |
| --- |
|  |

**By completing this application form, I authorize SFRMS to publish the summary of the research project on its website if funding is granted.**

|  |  |
| --- | --- |
| **Section 3** | Project presentation |

The project presentation should not exceed 20 pages (A4 format with 2 cm margins, *Times* or *Helvetica* font, size 12, single-spaced), including bibliography.

We recommend following the plan with the headings below.

The project must be written **in English**.

### Scientific background

*Describe the state of the art and the context in which the project will take place.*

### Project objectives

*Define the objectives and/or issues raised by the project.*

### Materials & Methods

*Describe the "materials and methods" used or envisaged in the project. Two examples of plans are provided on the following page.*

### Project progress

* 1. **Place(s) of production**
  2. **Estimated timing and duration**

*Provide a provisional schedule of stages/tasks (distribution of stages over time, with start and end dates), and identify key milestones.*

* 1. **Estimated resources**

*Relate the need for SFRMS grant funding to the need for the project. Also indicate what additional resources would be needed to carry out the project, and whether they are already available/allocated to the project (if so, specify the source: laboratory, help from outside the team, etc.).*

### Application or development prospects

*Describe the project's prospects and its potential impact on medicine, and more specifically on sleep-related aspects of medicine (taking into account the objectives/problems posed: describe the prospects depending on whether the related hypotheses are verified or not).*

### Bibliography

SAMPLE PLANS FOR THE MATERIALS & METHODS SECTION

**The case of a human study**

* Type of study (repeat title given in section 2)
* Populations, samples, groups and subgroups where applicable: specify nature and size, inclusion and exclusion criteria (whenever possible, justify the size of a target population by a power calculation or other chosen method)
* Methods and techniques used
* Main experimental stages
* Judging criteria
* Methods for analyzing results (including statistical analysis plan)
* Regulatory and ethical framework
  + **CNIL information**
  + **2004 Bioethics Law**: name and status of the sponsor, reference of the insurance policy covering the project, **reference and date of the favorable opinion of a CCPPRB** *(if these elements are not available at the time of submission of the application, clearly specify this and indicate the deadlines for obtaining them).*

**Experimental studies conducted on animals or in vitro**

* Type of study (repeat title given in section 2)
* Equipment
* Methods and techniques used
* Main experimental stages
* Judging criteria
* Methods for analyzing results (including statistical analysis plan)
* Regulatory and ethical framework
* Compliance with ethical laws on animal experimentation, specifying any training the applicant (or a member of the team) may have had in animal experimentation

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| Une image contenant Caractère coloré, cercle  Description générée automatiquement  **Section 4** | Administrative and financial information |

|  |
| --- |
| The doctoral grant awarded by the SFRMS is exclusively intended to finance a student-doctoral researcher to carry out a defined research project, and may under no circumstances be used to finance an activity that could be construed as the employment of a salaried employee or the payment of fees to a natural or legal person. The scholarship winner is responsible for declaring the corresponding income to the tax authorities. He/she is also responsible for drawing up an employment contract with a solvent employer through which he/she will receive the SFRMS scholarship as salary. The SFRMS grant is not paid to the employer to carry out work for the said employer, but directly for carrying out the research project described and selected.  The rate of management fees chargeable to the project is capped at 5% of the total amount of the project. |

## Other financing obtained

Indicate below the funding actually **obtained for the project.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Origin1** | **Address** | **Amount** | **Year2** |
|  |  |  |  |
|  |  |  |  |
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## Other funding expected

Indicate below the funding actually **expected for the project.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Origin1** | **Address** | **Amount** | **Year2** |
|  |  |  |  |
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**1** specify establishment, organization or company name (if private)

**2** year of actual payment (or year obtained, specifying the year of planned payment)

## Employer

Is the applicant currently in receipt of a research grant/scholarship?

**YES/NO**

Does the applicant currently hold another employment contract?

**YES/NO**

**If you answered yes to any of the above questions, please provide the following information:**

|  |  |
| --- | --- |
| **Identity of employer :**  (if research grant, specify origin: government funding, EPST, EPIC, or private-sector structure) |  |
| Duration of employment contract :  (if fixed-term, specify start and end dates) |  |
| Title of work/research project covered by current employment contract : |  |

If the Candidate's employer who will receive the scholarship is different from the current employer, please provide the following information:

|  |  |  |
| --- | --- | --- |
| **Identity of future employer :** | |  |
| Address: | |  |
| **Person to contact to draw up the scholarship agreement :** | | |
| Civil status, NAME, First name : |  | |
| E-mail address : |  | |
| Phone : |  | |

## Reviewing Process

Do you wish to **exclude** any experts for the evaluation of your project? If yes, please provide the names of the experts and your reasons.

Do you wish to **suggest** any experts for the evaluation of your project? If yes, please provide the names of the experts and your reasons.

|  |  |
| --- | --- |
|  | Declaration of honour |

I, the undersigned, [*First name Last name of applicant*] undertake, if my application is accepted :

1. To comply with the procedures for obtaining the grant, i.e. :

* to attend the award ceremony to be held during the current year's Congrès du Sommeil® ;
* provide SFRMS with an annual progress report, a **final report and a statement of** project **expenditure**;
* **to mention the support of SFRMS** in any publication or communication related to the project;
* send SFRMS a **copy of any publication or communication** concerning the project by e-mail [(](mailto:communication@sfrms.org)bourses@sfrms.org);
* **write an article** for the journal *Médecine du Sommeil* associated with SFRMS
* **present the results** at the Congrès du Sommeil® , within a maximum of **two years of the** funding being used.

1. To comply with the terms of the French Bioethics Act, its implementing decrees and orders, and any amendments thereto, including :

* in the case of clinical investigations, application of Decree no. 95-292 of March 16, 1995 on medical devices;
* in all cases of sampling or use of human body products, application of the so-called "bioethics" laws on respect for the human body (no. 94-654 of July 29, 1994 "donation and use of human body elements and products"; no. 96-452 of May 28, 1996 "gene and cell therapy products"; no. 98-535 of July 1, 1998 "ancillary therapeutic products").

In this respect, I undertake, if the work for which the grant is requested falls within the scope of this law, to provide SFRMS with a copy of the favorable opinion of one of the Consultative Committees for the Protection of Individuals (CCPP). I understand that this certificate is a prerequisite for payment of the grant.

1. To comply with the recommendations of the French Data Protection Act 78-17 of January 6, 1978.

Done on [date] at [place].

**Signature of Scientific Manager**

\*Given the exclusively electronic nature of the application submission process, it is necessary either to insert a digitized signature, or to print out this page, sign it, digitize it and add it back to the file at this point.