Parkinson Schweiz 

Parkinson Suisse

Scientific Assessment of Applications for Research Funding

Please send your assessment by e-mail to the President of the Research Committee of Parkinson Suisse (for address, see below).

1. **Research application:** (please complete)

Applicant …………………………………………………………………………………….

Title of application …………………………………………………………………………………….

1. **Information on the assessing expert:** (please complete)

Name, First Name: …………………………………………………………………………………….

Place, Date: ……………………………………………………………………………………

Signature: …………………………………………………………………………………….

1. **Ranking**

|  |  |
| --- | --- |
| A: Outstanding | 🌕 |
| AB: Excellent | 🌕 |
| B: Very good | 🌕 |
| BC: Good | 🌕 |
| C: Satisfactory | 🌕 |
| D: Rejected | 🌕 |

Summary (brief rationale of the ranking)

1. **Detailed assessment**

We attach great importance to a thorough assessment. For editing your comments, you may use as much space as you wish under each of the following criteria.

* 1. Current scientific interest and impact of the project in the field of Parkinson’s disease
  2. Originality of the work
  3. Suitability of methods used
  4. Feasibility of the project
  5. Experience and past performance of the applicant

Prof Dr. med. S. Bohlhalter

Chief Physician,

Neurology and Neurorehabilitation Center (NNC)

Luzerner Kantonsspital, 6000 Lucerne 16

[stephan.bohlhalter@luks.ch](mailto:stephan.bohlhalter@luks.ch)