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## **Project synopsis**

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**Submission deadline:  
November 30<sup>th</sup>, 2017 (1pm, Paris Time)**

This document (in English only) must be submitted by the coordinator  
Mail to: [directionscientifique@lafondationmotrice.org](mailto:directionscientifique@lafondationmotrice.org)

For further information, please visit our website:  
<http://www.fondationparalysiecerebrale.org>

Or contact: [ngenes@lafondationmotrice.org](mailto:ngenes@lafondationmotrice.org)

# Project synopsis

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**Project Title:**

**Project Coordinator:**

Family Name, first Name	
Name of Institution	
Short name of the institution	
Department	
Position	
Email Address	
Country	
Type of Entity	Academia, Clinical or Public Health, SME (small and medium enterprises) or Industry

**Project Partners:**

No.	City, Country	Name of the Principal Investigator	Institution, Department, full affiliations	Short name of the institution	Type of entity: Academia, Clinical or Public Health, SME and Industry
2					
3					
4					
5					

**Scope of the project**

- Clinical research
- Translational research
- Public Health
- Social sciences

- Area A\*: Secondary prevention
- Tertiary prevention
- Social integration

- Area B\*: Primary prevention

*\*Prevention, treatment, rehabilitation (Primary, secondary, tertiary) cover health care interventions. A fourth group of interventions is aimed at reducing the social impact and enhancing the social 'participation' (ICF) of individuals with an ability deficit, a disability. These interventions may go beyond the individual and may involve the home, school and/or work environment; they are generally considered under the umbrella of education and social services, rather than under health care.*

## **Synopsis (Max 300 words)**

## **Keywords**

Please identify 5 keywords that represent the scientific content of the proposal.

## **Reviewers**

1/ Suggested reviewers (max 5)

Name

Contact information

Affiliation(s)

Field(s) of expertise

Reason(s) why the person is being cited as preferred/suggested reviewer.

2/ Opposed reviewers (max 5)

Name

Contact information

Affiliation(s)

Field(s) of expertise

Reason(s) why the person is being cited as opposed reviewer.