**Young Investigators Grant**

In order to encourage the research efforts of professionals who are early-on in their careers, a grant was made available, with support from the SSAM, to facilitate participation in the international multidisciplinary symposium on “Excessive gambling”.

# Description

This grant consists of *free inscription* at the symposium and supporting fees, functioning as a guarantee for travel and accommodation expenses, according to the below scale:

|  |  |
| --- | --- |
| Switzerland: | CHF 100.- |
| Europe: | CHF 300.- |
| Sub-Saharan Africa, near and Middle East: | CHF 450.- |
| The Americas and Asia: | CHF 600.- |

# Requirements

The applicant should:

* Exercise a professional activity in the field of behavioural addictions.

# Submit an abstract (see form on [Call for abstracts – Symposium international multidisciplinaire | Gambling Problems Sympo](https://gambling-problems-sympo.ch/call-for-abstracts/)) that is accepted by the conference selection committee.

# Procedure for the scholarship application

## Documents

* Copy of the abstract previously registered at

[Call for abstracts – Symposium international multidisciplinaire | Gambling Problems Sympo](https://gambling-problems-sympo.ch/call-for-abstracts/)

* Curriculum vitae.
* A statement from the employer confirming that support for expenses related to participation in the 5th symposium cannot be financed from the institution`s regular research and training funds.

## Applications should be sent to ingrid.vogel@chuv.ch by the end of the call for abstracts.

## Award decisions will be communicated by March 2025.

## The payment of the lump sum (according to the above scale) will be made after the symposium, upon presentation of transport and accommodation receipts.

|  |
| --- |
| **Registration form*****Title of the presentation*** |
|  |
| Date of registration for the abstract: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Applicant (speaker)***First name: |  | Surname: |  |
| Membership (e.g. Addiction Service, Department of Mental Health and Psychiatry, HUG, Geneva): |  |
| Position: |  |
| Mailing address: |  |
| Postcode: |  | City: |  |
| Country: |  |
| E-mail: |  |
| Chosen theme: |  |
| Type of presentation: | [ ]  Symposium | [ ]  Poster | [ ]  Video-audio | [ ]  Computer |
|  |
| Bank details: | **Account holder name:** |  |
|  | **Private address:** |  |
|  | **Bank name:** |  |
|  | **Bank address:** |  |
|  | **Account no:** |  |
|  | **IBAN:** |  |
|  | **BIC/SWIFT code:** |  |

**This form should be sent to: ingrid.vogel@chuv.ch**