

Uporabniška navodila po korakih za registracijo in oddajo prošnje za donacije na portalu GEMS

Uvod	Prevod
<p>Making your GEMS for Grants external request submission:</p>	<p>Oddaja prošnje za donacije na portalu GEMS:</p>
<p>On the Novartis GEMS for Grants external portal, user registration and Grant request applications are shown in English. This local language completion guide provides a translation of all the content that is on the portal and will enable you to complete the English submission form.</p>	<p>Na Novartisovem zunanjem portalu GEMS za donacije so registracija uporabnikov in prošnje za donacije prikazani v angleščini. Ta priročnik zagotavlja prevod celotne vsebine portala in vam omogoča izpolnitev obrazca za oddajo v angleškem jeziku.</p>

Zaslon	Polja/navodila	Prevod
	<p>* <i>Please note that a red star adjacent to any field means that field is mandatory for completion</i></p> <p><i>If a message in red text appears at the top of a page, it signifies an error needs to be corrected before moving on to the next screen. Errors include incorrectly completed fields or fields which may still need to be completed even if not marked as mandatory.</i></p> <p><i>Error messages may show as:</i></p>	<p>* <i>Upoštevajte, da rdeča zvezdica ob polju pomeni, da morate polje obvezno izpolniti.</i></p> <p><i>Če se na vrhu strani prikaže sporočilo v rdeči pisavi, to pomeni, da je treba odpraviti napako, preden se premaknete na naslednji zaslon. Napake vključujejo napačno izpolnjena polja ali polja, ki jih je še treba izpolniti, tudi če niso označena kot obvezna.</i></p> <p><i>Sporočila o napakah so lahko prikazana kot:</i></p>

You must address the following item(s) before you can submit your application: "insert field name" cannot be blank

or

Your work has been saved, however, you must address the following item(s) before you can submit your application: "insert field name" is required.

Pred oddajo svoje prošnje morate popraviti naslednje: polje »vstavite ime polja« ne sme biti prazno.

ali

Vaši vnosi so shranjeni, vendar morate pred oddajo prošnje popraviti naslednje: polje »vstavite ime polja« je obvezno.

1. Registracija

GEMS
Grants, External Studies and
Managed Access System

NOVARTIS
Reimagining Medicine

First time user? [Create your password](#)

Please Log In

* E-mail Address:

* Password: [Show password](#)

[LOG IN](#)

[Forgot your password?](#)

Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.

[Need Support?](#)

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If you are a first-time user, you will need to create your profile by clicking on the link shown in the red box.

Če portal uporabljate prvič, morate ustvariti svoj profil s klikom na povezavo, prikazano v rdečem polju.

<p>Registration Information</p> <p>* Please select the region in which you are located: <input type="text" value="United States"/></p> <p><input type="button" value="CONTINUE"/> <input type="button" value="CANCEL"/></p>	<p>* Please select the region in which you are located: <i>Select your country from the drop-down options. If your country is not listed, select 'Others'.</i></p> <p><i>Click blue continue button.</i></p>	<p>* Izberite državo: <i>Izberite svojo državo na spustnem meniju. Če vaša država ni prikazana, izberite »Druge«.</i></p> <p><i>Kliknite modri gumb za nadaljevanje.</i></p>
<p>Registration Information</p> <p><small>* indicates required field</small></p> <p>The information requested on this website will be used by Novartis AG, their affiliated companies located & their authorized agents for the sole purpose of evaluating your submission to Novartis. The information collected will be shared by Novartis with its country level Novartis affiliate companies for the same purposes described above. Novartis will not share information with anyone who is not directly connected with this purpose. Your personal information may also be transferred to third parties who act for or on our behalf for further processing in accordance with the purposes described above. These third parties may be located in countries or territories which may not offer the same level of data protection as the country in which you reside. They have contracted with us to use your personal information solely for the agreed upon purpose, not to sell your personal information to third parties and not to disclose it to third parties except as may be required by law, as permitted by us or as stated in this privacy notice. Your personal information will be retained, as long as needed to meet the legitimate purpose for which it was collected & in compliance with Novartis data retention policies and legal requirements.</p> <p>You can directly modify & update your data through the portal. In addition, you may request information about your personal information & exercise related access rights, including deletion of your personal information & withdrawal of your consent by contacting gems.office@novartis.com.</p> <p>By clicking SUBMIT button at the bottom of this page, you authorize Novartis to collect & process the personal data for the purpose above mentioned. If you do not want Novartis to collect and process your personal data, click CANCEL button. You will not be able to submit your request to Novartis.</p>	<p><i>The following text is around the subject of data privacy:</i></p> <p>The information requested on this website will be used by Novartis AG, their affiliated companies located & their authorized agents for the sole purpose of evaluating your submission to Novartis. The information collected will be shared by Novartis with its country level Novartis affiliate companies for the same purposes described above. Novartis will not share information with anyone who is not directly connected with this purpose. Your personal information may also be transferred to third parties who act for or on our behalf for further processing in accordance with the purposes described above. These third parties may be located in countries or territories which may not offer the same level of data protection as the country in which you reside. They have contracted with us to use your personal information solely for the agreed upon purpose, not to sell your personal information to third parties and not to disclose it to third parties except as may be required by law, as permitted by us or as stated in this privacy notice. Your personal information will be retained, as long as needed to meet the</p>	<p><i>Naslednje besedilo se nanaša na varovanje osebnih podatkov:</i></p> <p>Podatke, zahtevane na tem spletnem mestu, bodo družba Novartis AG, njene pridružene družbe in pooblaščenici zastopniki uporabili izključno za oceno vaše prošnje družbi Novartis. Zbrane podatke bo družba Novartis delila s svojimi pridruženimi družbami na državni ravni za iste zgoraj opisane namene. Družba Novartis ne bo delila podatkov z nikomer, ki ni neposredno povezan s tem namenom. Vaši osebni podatki se lahko pošljejo tudi tretjim osebam, ki delujejo za nas ali v našem imenu, za nadaljnjo obdelavo, skladno z zgoraj opisanimi nameni. Te tretje osebe so lahko v državah ali na ozemljih, ki morda ne zagotavljajo enake ravni varstva podatkov kot država, v kateri prebivate. Te tretje osebe so z nami sklenile pogodbo, na podlagi katere smejo vaše osebne podatke uporabljati izključno za dogovorjeni namen, ne smejo jih prodati in razkriti drugim tretjim osebam, razen če to zahteva zakon ali na podlagi našega dovoljenja oz. določb v tej politiki varovanja zasebnosti. Vaše osebne podatke bomo</p>

legitimate purpose for which it was collected & in compliance with Novartis data retention policies and legal requirements. You can directly modify & update your data through the portal. In addition, you may request information about your personal information & exercise related access rights, including deletion of your personal information & withdrawal of your consent by contacting gems.office@novartis.com. By clicking SUBMIT button at the bottom of this page, you authorize Novartis to collect & process the personal data for the purpose above mentioned. If you do not want Novartis to collect and process your personal data, click CANCEL button. You will not be able to submit your request to Novartis.

hranili, dokler jih bomo potrebovali za izpolnjevanje legitimnega namena, za katerega so bili zbrani, ter skladno z Novartisovimi politikami hrambe podatkov in zakonskimi zahtevami. Svoje podatke lahko neposredno spreminjate in posodabljate na portalu. Poleg tega lahko zahtevate informacije o svojih osebnih podatkih in uveljavljate ustrezne pravice do dostopa, vključno z izbrisom osebnih podatkov in preklicem privolitve tako, da pišete na e-naslov gems.office@novartis.com. S klikom gumba POŠLJI na dnu te strani dovolite družbi Novartis, da zbira in obdeluje osebne podatke za zgoraj navedeni namen. Če ne želite, da Novartis zbira in obdeluje vaše osebne podatke, kliknite gumb PREKLIČI. Svoje prošnje v tem primeru ne boste mogli oddati Novartisu.

* First Name:

* Last Name:

* Telephone Number:

* E-mail Address: Please enter your e-mail address, e.g. yourname@yourdomain.com. You will need your e-mail address to log in.

* Password: The password must be between 6 and 16 characters long and consist of letters, numbers, or any of the following special characters: '@!#\$-.'. The password "password" is not valid.

* Confirm Password:

* Organization Name: Enter the legal name of the organization for which you are applying.

Zip/Postal Code:

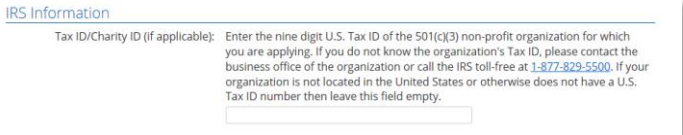

* Organization Country:

If you wish to proceed, please now complete the following fields:

- * **First name**
- * **Last Name**
- * **Telephone Number**
- * **E-mail address**
- * **Password** (The password must be between 6 and 16 characters long and consist of letters, numbers, or any of the following special characters: '@!#\$-.'. The password "password" is not valid.)
- * **Confirm Password**

Če želite nadaljevati, izpolnite naslednja polja:

- * **Ime**
- * **Priimek**
- * **Telefonska številka**
- * **E-naslov**
- * **Geslo** (Geslo mora biti dolgo od 6 do 16 znakov in mora vsebovati črke, številke ali katerega od naslednjih posebnih znakov: »@!#\$-«. Geslo »geslo« ni veljavno.)
- * **Potrditev gesla**

	<p>* Organization name (enter the legal name of the organization for which you are applying)</p> <p>Zip/Postal Code</p> <p>* Organization Country (<i>select from drop-down options</i>)</p>	<p>* Ime organizacije (vnesite uradno ime organizacije, za katero oddajate prošnjo)</p> <p>Poštna številka</p> <p>* Država organizacije (izberite med možnostmi na spustnem seznamu)</p>
 <p>IRS Information</p> <p>Tax ID/Charity ID (if applicable): Enter the nine digit U.S. Tax ID of the 501(c)(3) non-profit organization for which you are applying. If you do not know the organization's Tax ID, please contact the business office of the organization or call the IRS toll-free at 1-877-829-5500. If your organization is not located in the United States or otherwise does not have a U.S. Tax ID number then leave this field empty.</p>	<p>IRS Information</p> <p>If your organization is not located in the United States or otherwise does not have a U.S. Tax ID number then leave this field empty.</p>	<p>Informacije IRS</p> <p>Če vaša organizacija nima sedeža v ZDA ali iz drugih razlogov nima ameriške davčne številke, pustite to polje prazno.</p>
 <p>IRS Information</p> <p>Tax ID/Charity ID (if applicable): Enter the nine digit U.S. Tax ID of the 501(c)(3) non-profit organization for which you are applying. If you do not know the organization's Tax ID, please contact the business office of the organization or call the IRS toll-free at 1-877-829-5500. If your organization is not located in the United States or otherwise does not have a U.S. Tax ID number then leave this field empty.</p> <p>SUBMIT CANCEL</p>	<p>Click 'Submit'</p>	<p>Kliknite Pošlji.</p>
<p>Help us activate your email address</p> <p>An activation email has been sent to susanperry@hotmail.com. Please open the email and click on the link inside to proceed.</p> <p>No activation email in your inbox? First, check your spam, junk, or trash folders for a message from donotreply@cybergrants.com. You can also click here to send a new activation email if necessary.</p> <p>Security is very important to us and activating your email address will add an extra layer of protection to your account. Thank you for your understanding and for helping us keep your information safe!</p>	<p>Help us activate your email address</p> <p>An activation email has been sent to (<i>your email address</i>). Please open the email and click on the link inside to proceed.</p> <p>No activation email in your inbox? First, check your spam, junk, or trash folders for a message from donotreply@cybergrants.com. You can also click here to send a new activation email if necessary.</p> <p>Security is very important to us and activating your email address will add an extra layer of protection to your account. Thank you for your understanding and for helping us keep your information safe!</p>	<p>Pomagajte nam aktivirati svoj e-naslov</p> <p>Na (<i>vaš e-naslov</i>) smo poslali aktivacijsko e-sporočilo. Če želite nadaljevati, e-sporočilo odprite in kliknite povezavo v njem.</p> <p>Ne vidite aktivacijskega e-sporočila v mapi s prejetimi sporočili? Najprej preverite mapo z neželjeno ali zavrženo pošto in poiščite sporočilo, poslano z naslova donotreply@cybergrants.com. Po potrebi lahko tudi kliknete tukaj, da vam pošljemo novo aktivacijsko e-sporočilo.</p> <p>Varnost je za nas zelo pomembna in aktiviranje vašega e-naslova bo omogočilo</p>

dodatno raven zaščite vašega računa.
Zahvaljujemo se vam za razumevanje in pomoč pri varovanju vaših podatkov!

2. Prijava po registraciji

Please Log In

* E-mail Address:

* Password: [Show password](#)

[Forgot your password?](#)

Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.

Enter your * email address and * password.

Click 'LOG IN'

Vnesite svoj * e-naslov in * geslo.

Kliknite »PRIJAVA«.

Your email address has been activated!

Thank you for activating your email address and for helping us keep your information safe.

Your email address has been activated!

Thank you for activating your email address and for helping us keep your information safe.

Click 'Proceed'

Vaš e-naslov je aktiviran!

Hvala, ker ste aktivirali svoj e-naslov in ker nam pomagate varovati svoje podatke.

Kliknite »Nadaljuj«.

3. Pozdravljeni

[EDIT PROFILE](#) [LOGOUT](#)

Welcome, Susan Perry

The organization you are currently associated with is **Susan Perry**.

You can submit and manage your funding request(s) to Novartis via this portal. All submitted requests are immediately sent to Novartis for review and further consideration. If the funding request is approved, Novartis will contact you regarding the next step. After your Novartis funded program has closed, you will receive a request for impact report(s), also to be submitted through this portal.

We recommend that you [familiarize yourself with funding request submission process](#) before you begin.

If you work with multiple organizations, [click here to add a new organization to your account](#).

To begin a new request, click on the appropriate funding category type button below. You can save a partially completed application and return to it later by clicking on the "Continue" button next to the associated Program Title.

If you face any technical difficulties or have any questions during submission, use the "Need Support" link located at the bottom of every page to contact our support team.

The organization you are currently associated with is (*your organization name*).

You can submit and manage your funding request(s) to Novartis via this portal. All submitted requests are immediately sent to Novartis for review and further consideration. If the funding request is approved, Novartis will contact you regarding the next step. After your Novartis funded program has closed, you will receive a request for impact report(s), also to be submitted through this portal.

Organizacija, v imenu katere oddajate to prošnjo, je (ime vaše organizacije).

Na tem portalu lahko oddajate in urejate svoje prošnje za donacije družbi Novartis. Vsi oddani zahtevki se takoj pošljejo Novartisu v pregled in nadaljnjo obravnavo. Če se prošnja za donacijo odobri, bo Novartis stopil v stik z vami glede naslednjega koraka. Po izvedbi dejavnosti oz. programa, ki je predmet Novartisove donacije, boste prejeli zahtevo za dokazila o izvedbi, ki jih boste tudi posredovali prek tega portala.

Click a button below to start a new application

Grants

Sponsorships/Membership Fees

Donations

[Need Support?](#)

We recommend that you [familiarize yourself with funding request submission process](#) before you begin.

If you work with multiple organizations, [click here to add a new organization to your account](#).

To begin a new request, click on the appropriate funding category type button below. You can save a partially completed application and return to it later by clicking on the "Continue" button next to the associated Program Title.

If you face any technical difficulties or have any questions during submission, use the "Need Support" link located at the bottom of every page to contact our support team

Preden nadaljujete, vam priporočamo, da se seznanite s postopkom oddaje prošenj.

Če delate z več organizacijami, [kliknite tukaj, da na svoj račun dodate novo organizacijo](#).

Če želite pripraviti novo prošnjo, kliknite gumb za ustrezno kategorijo financiranja. Portal GEMS trenutno podpira zgolj kategorijo »Grants«. Delno izpolnjeno vlogo lahko shranite in se k njej vrnete pozneje tako, da kliknete gumb »Nadaljuj« poleg ustreznega naslova.

Če imate med oddajo kakršne koli tehnične težave ali vprašanja, uporabite povezavo »Potrebujem podporo« na dnu vsake strani in stopite v stik z našo službo za podporo uporabnikom.

4. Informacije o organizaciji

Organization Information

* indicates required field

Please ensure your user profile is up-to-date and reflects accurate profile information (including organization type)

* Organization Legal Name

* Country

* Address

Address 2

* City

Province

Zip/Postal Code

* E-mail Address

* Telephone

Fax

Website Address Please enter your organization's web address.

* Mission Statement Enter the Organization's Mission Statement and brief history.

(1983 character(s) remaining)

* Organization Type

* Is the organization a not for profit or non-governmental organization (NGO)?

* Is the Organization Accredited? Is the Organization accredited to provide Continuing Education credits for licensed Healthcare Professionals?

Accreditation Organization Type

SAVE AND PROCEED

[Need Support?](#)

Some mandatory information fields will be auto-completed from details provided in your registration.

Please complete any mandatory fields which are not auto-completed.

- * Organization Legal Name
- * Country (select from the drop-down options)
- * Address
- Address 2
- * City
- Province
- Zip / Postal Code
- * E-mail Address
- * Telephone
- Fax
- Website Address: Please enter your organization's web address
- * Mission Statement: Enter the organization's Mission Statement and brief history
- * Organization Type (select from drop down options)
 - Academic institution
 - Hospital/Clinic
 - Healthcare Quality Organization
 - Medical Education Company

Nekatera obvezna informacijska polja se bodo samodejno izpolnila s podatki, ki jih navedete pri registraciji.

Izpolnite vsa obvezna polja, ki niso izpolnjena samodejno.

- * Pravno ime organizacije
- * Država (izberite med možnostmi na spustnem seznamu)
- * Naslov
- Naslov 2
- * Mesto
- Provinca
- Poštna številka
- * E-naslov
- * Telefon
- Faks
- Naslov spletnega mesta: Vnesite spletni naslov svoje organizacije.
- * Izjava o poslanstvu: Vnesite izjavo o poslanstvu organizacije in njeno kratko zgodovino.
- * Vrsta organizacije (izberite med možnostmi na spustnem seznamu)
 - Akademsko ustanova
 - Bolnišnica / klinika / zdravstveni dom

- Patient Advocacy
- Physician Group
- Professional Medical Society
- Research Facility
- Scientific Association
- Teaching Hospital
- University
- Other (If you have selected 'Other', please complete 'Other Organization Type' field)

*** Is the organization a not for profit or non-governmental organization (NGO)?**

- Yes
- No

*** Is the Organization accredited?**

- Yes
- No

• Accreditation Organization Type (select from drop down list)

- American Academy of Continuing Medical Education (AACME)
- American Academy of Family Physicians: (AAFP)
- The American Association of Nurse Practitioners (AANP)
- Accreditation Council for Pharmacy Education (ACPE)
- American Medical Association
- American Nurses Credentialing Center (ANCC)
- American Osteopathic Association (AOA)
- Council on Optometric Practitioner Education (COPE) / Association of Regulatory Boards of Optometry (ARBO)
- National Cancer Control Programs (NCCP)
- Other

- Organizacija za kakovost zdravstvenega varstva
- Podjetje, ki izvaja zdravstveno izobraževanje ali usposabljanje
- Društvo bolnikov ali podobna organizacija
- Skupina zdravnikov
- Strokovno zdravniško društvo
- Raziskovalna ustanova
- Znanstveno združenje
- Učna bolnišnica
- Univerza
- Drugo (Če izberete »Drugo«, izpolnite polje »Druga vrsta organizacije«.)

*** Ali je organizacija neprofitna ali nevladna?**

- Da
- Ne

*** Ali je organizacija akreditirana?**

- Da
- Ne

• Vrsta akreditirane organizacije (izberite med možnostmi na spustnem seznamu)

- American Academy of Continuing Medical Education (AACME)
- American Academy of Family Physicians (AAFP)
- The American Association of Nurse Practitioners (AANP)
- Accreditation Council for Pharmacy Education (ACPE)
- American Medical Association
- American Nurses Credentialing Center (ANCC)
- American Osteopathic Association (AOA)
- Council on Optometric Practitioner Education (COPE) / Association of

Once you have completed the required fields, click **'SAVE AND PROCEED'**

- Regulatory Boards of Optometry (ARBO)
- National Cancer Control Programs (NCCP)
 - Drugo

Ko izpolnite obvezna polja, kliknite »**SHRANI IN NADALJUJ**«.

5. Kontaktni podatki

Contact Information

* Indicates required field

* First Name

* Last Name

* E-mail Address

* Telephone

* Contact Type Please pick the contact type that best describes your role.

SAVE AND PROCEED

[Need Support?](#)

- * **First Name**
- * **Last Name**
- * **Email Address**
- * **Telephone**
- * **Contact Type: Please pick the contact type that best describes your role (select from drop-down options)**
 - Board Member
 - Executive Director
 - Other
 - Primary Contact
 - Staff
 - Trustee

Click **'SAVE AND PROCEED'**

- * **Ime**
- * **Priimek**
- * **E-naslov**
- * **Telefon**
- * **Funkcija kontaktne osebe: Izberite naziv kontaktne osebe, ki najbolje opisuje vašo vlogo. (izberite med možnostmi na spustnem seznamu)**
 - Član uprave
 - Izvršni direktor
 - Drugo
 - Kontaktna oseba
 - Osebj
 - Skrbnik

Kliknite »**SHRANI IN NADALJUJ**«.

Contact Information

* Indicates required field

Match: Check the box to associate this individual with this application.

Name: [AMELIE GERARD](#)
Telephone Number: 07799404002
E-mail Address: susanperry@hotmail.com
Contact Type: Executive Director

SAVE AND PROCEED **CREATE NEW**

Match: Check the box to associate this individual with this application.

Povežite: Označite polje, če želite tega posameznika povezati s to vlogo.

6. Informacije o prošnji

Proposal Information

* Indicates required field

* Division (?) Please select Novartis Division you would like to submit this request.

* Geographical Outreach of the Program (?) Please indicate if the Program activity and/or Target Audience are limited to one country or multiple countries.

* Program Start Date MMDDYYYY

* Program End Date MMDDYYYY

* Source of Funding Support

* Request Amount Local Currency Code Select the currency that will apply to this application.

* Request Amount in Local Currency Amount Requested from Novartis.

* Total Cost of the Program

* **Division(?) Please select Novartis Division you would like to submit this request (select from drop-down options)**

- Oncology
- Pharmaceuticals
- Sandoz

* **Geographical Outreach of the Program(?)**

* **Please indicate if the Program activity and/or Target Audience are limited to one country or multiple countries (select from drop-down options)**

- Single country
- Multiple countries

If you have selected Single country, please also complete 7.1

If you have selected 'Multiple Countries', please also complete section 7.2

* **Program Start Date**

* **Program End Date**

* **Source of Funding Support**

- Novartis Only
- Multiple Supporters

If you have selected Multiple Supporters, complete Section 7.4

* **Divizija (?) Izberite Novartisovo divizijo, ki ji želite oddati to prošnjo. (izberite med možnostmi na spustnem seznamu)**

- Podružnica Novartis Pharma Services Inc. v Sloveniji, enota Onkologija
- Podružnica Novartis Pharma Services Inc. v Sloveniji, enota Farmacevтика
- Lek d. d., član skupine Sandoz.

* **Geografski doseg vaše prošnje (?)**

* **Navedite, ali sta dejavnosti/program in/ali ciljna skupina (npr. prejemniki, udeleženci itd.) omejeni na eno ali več držav. (izberite med možnostmi na spustnem seznamu)**

- Posamezna država
- Več držav

Če ste izbrali posamezno državo, izpolnite tudi razdelek 7.1.

Če ste izbrali več držav, izpolnite tudi razdelek 7.2.

* **Datum začetka dejavnosti**

* **Datum konca dejavnosti**

* **Vir financiranja**

- Samo Novartis (tj. ali Podružnica Novartis Pharma Services Inc. v Sloveniji ali Lek d. d., član skupine Sandoz)
- Več podpornikov

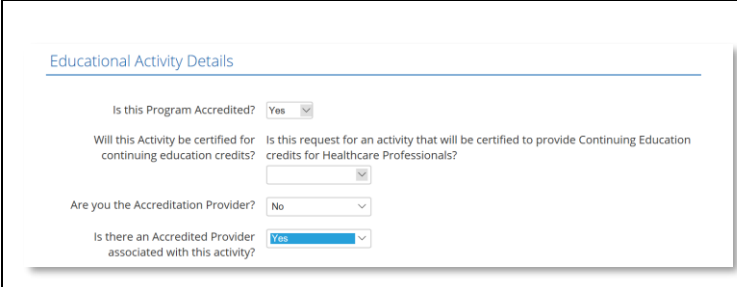
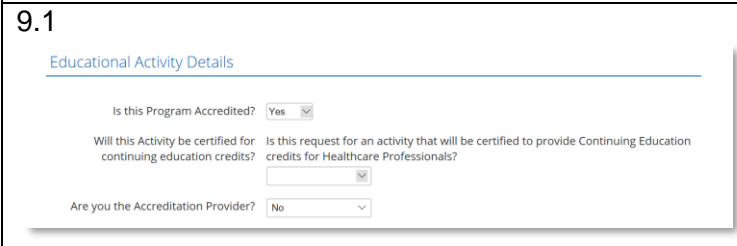
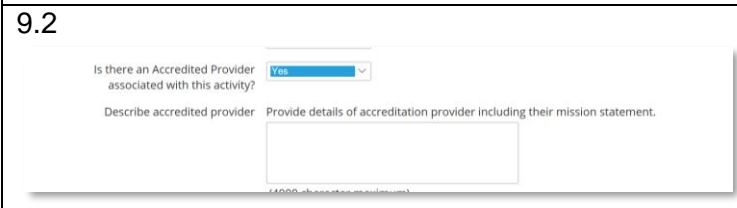
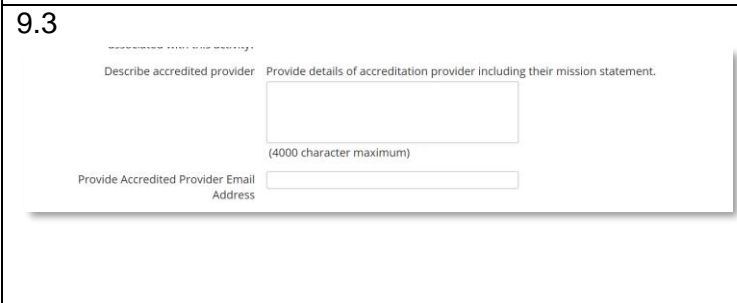
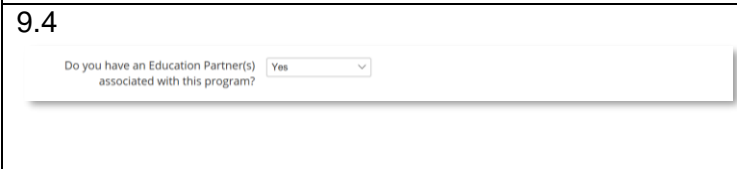
Če ste izbrali več podpornikov, izpolnite razdelek 7.4.

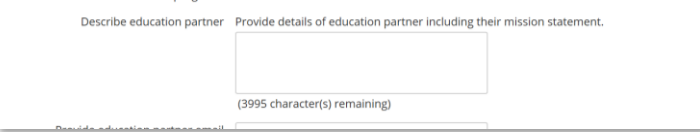
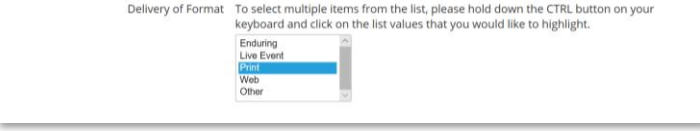
	<ul style="list-style-type: none"> * Request Amount Local Currency Code * Request Amount in Local Currency * Amount Requested from Novartis. * Total Cost of the Program • Estimated Number of Each Audience Type: Provide estimated numbers for the audiences for which this activity will be certified or accredited 	<ul style="list-style-type: none"> * Lokalna valuta * Zaprošeni znesek v lokalni valuti * Znesek, ki je zaprošen pri Novartisu * Skupni stroški programa • Ocenjeno število oseb v posamezni ciljni skupini (npr. prejemniki, udeleženci itd.): Navedite ocenjeno število oseb za posamezno ciljno skupino, za katere bo ta dejavnost certificirana ali akreditirana.
7.1	<ul style="list-style-type: none"> * Country of Request (select from drop-down options) <i>Dependent on your selection, you may be asked to complete 7.3</i> <p><i>Once completed, return to section 7</i></p>	<ul style="list-style-type: none"> * Država prošnje (izberite med možnostmi na spustnem seznamu) <i>Glede na izbrano boste morda morali izpolniti razdelek 7.3.</i> <p><i>Ko končate, se vrnite na razdelek 7.</i></p>
7.2	<ul style="list-style-type: none"> * Countries where your program will take place (Hold down the Shift key to select multiple countries) <p><i>Dependent on your selection, you may be asked to complete 7.3</i></p> <p><i>Once completed, return to section 7</i></p>	<ul style="list-style-type: none"> * Države, v katerih bo potekala vaša dejavnost (pridržite tipko Shift, da izberete več držav) <p><i>Glede na izbrano boste morda morali izpolniti razdelek 7.3.</i></p> <p><i>Ko končate, se vrnite na razdelek 7.</i></p>
7.3	<ul style="list-style-type: none"> * Target Audience of the Program (select from drop-down box) <ul style="list-style-type: none"> ○ Caregivers ○ Patients ○ Healthcare Professionals 	<ul style="list-style-type: none"> * Ciljna skupina (npr. prejemniki, udeleženci ipd.) (izberite iz spustnega polja) <ul style="list-style-type: none"> ○ Negovalci ○ Bolniki

	<ul style="list-style-type: none"> ○ Patients/caregivers + Healthcare Professionals ○ Others <p><i>Once completed, return to section 7</i></p>	<ul style="list-style-type: none"> ○ Zdravstveni delavci ○ Bolniki/negovalci + zdravstveni delavci ○ Drugi <p><i>Ko končate, se vrnite na razdelek 7.</i></p>
7.4	<ul style="list-style-type: none"> ● List Potential Supporter(s)/Partner(s) Provide names of other potential supporters to whom funding requests have been or will be made (<i>type name into field and click Add to List. Repeat as needed</i>) <p><i>Once completed, return to section 7</i></p>	<ul style="list-style-type: none"> ● Navedite morebitne podpornike/partnerje Navedite imena drugih morebitnih podpornikov, ki so jim bile ali bodo posredovane prošnje za financiranje. (<i>V polje vtipkajte ime in kliknite Dodaj na seznam. Po potrebi ponovite.</i>) <p><i>Ko končate, se vrnite na razdelek 7.</i></p>

7. Podrobnosti o dejavnosti oz. programu

<p>Program Details</p> <p>* Program Title <input type="text"/></p> <p>* Goals/Objectives Describe the objective(s) this program is intended to accomplish. <input type="text"/> (500 character maximum)</p> <p>* Outcome Measurement Plan Describe the plan to measure the effectiveness of the program to meet the objectives. <input type="text"/> (500 character maximum)</p> <p>* Is this request for an Independent Medical Education Program? <input type="checkbox"/></p>	<ul style="list-style-type: none"> * Program Title * Goals/Objectives: describe the objective(s) this program is intended to accomplish. (500 character maximum) * Outcome Measurement Plan: describe the plan to measure the effectiveness of the program to meet the objectives. (500 character maximum) * Is this request for an Independent Medical Education Program? <i>If you have selected 'Yes', please complete section 9. Otherwise, proceed to section 10</i> 	<ul style="list-style-type: none"> * Naslov dejavnosti ali programa * Cilji: opišite cilje, ki jih ta dejavnost/program namerava doseči. (največ 500 znakov) * Načrt merjenja realizacije: opišite načrt za merjenje uspešnosti pri doseganju ciljev dejavnosti/programa. (največ 500 znakov) * Ali je ta prošnja namenjena neodvisnemu zdravstvenemu oz. medicinskemu izobraževanju? <i>Če izberete »Da«, izpolnite razdelek 9. Drugače nadaljujte z razdelkom 10.</i>
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8. Podrobnosti o izobraževalni dejavnosti oz. programu		
	<p>* Is this request for an activity that will be certified to provide Continuing Education Credits for Healthcare Professionals? <i>If you have selected 'Yes', please complete 9.1. Otherwise, proceed to 9.4</i></p>	<p>* Ali je ta prošnja namenjena financiranju dejavnosti, ki bo certificirana in zagotavlja kreditne točke zdravstvenim delavcem? <i>Če izberete »Da«, izpolnite razdelek 9.1. Drugače nadaljujte z razdelkom 9.4.</i></p>
	<p>* Are you the Accreditation Provider? <i>If you have selected 'No' please complete 9.2. Otherwise, proceed to 9.4</i></p>	<p>* Ali je vaša organizacija izvajalec akreditiranega programa? <i>Če izberete »Ne«, izpolnite razdelek 9.2. Drugače nadaljujte z razdelkom 9.4.</i></p>
	<p>* Is there an Accredited Provider associated with this activity? <i>If you have selected 'Yes', please complete 9.3. Otherwise proceed to 9.4</i></p>	<p>* Ali boste pri izvedbi sodelovali z akreditiranim izvajalcem? <i>Če izberete »Da«, izpolnite razdelek 9.3. Drugače nadaljujte z razdelkom 9.4.</i></p>
	<p>* Describe Accredited Provider: Provide details of accreditation provider including their mission statement. (4000 character maximum)</p> <p>* Provide Accredited Provider Email Address</p>	<p>* Opišite akreditiranega izvajalca: Navedite podrobnosti o izvajalcu akreditacije, vključno z njegovo izjavo o poslanstvu. (največ 4000 znakov)</p> <p>* Navedite e-naslov akreditiranega izvajalca</p>
	<p>* Do you have an Education Partner(s) associated with this program?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p>	<p>* Ali imate enega ali več izobraževalnih partnerjev, ki so povezani s tem programom?</p> <p><input type="radio"/> Ne</p>

	<p><i>If you have selected 'Yes', please complete 9.5. Otherwise proceed to 9.6</i></p>	<p><input type="radio"/> Da Če izberete »Da«, izpolnite razdelek 9.5. Drugače nadaljujte z razdelkom 9.6.</p>
<p>9.5</p> 	<p>* Describe Education Partner: Provide details of Education Partner including their mission statement (4000 character maximum)</p> <p>* Provide Education Partner email address</p>	<p>* Opišite izobraževalnega partnerja: Navedite podrobnosti o izobraževalnem partnerju, vključno z njegovo izjavo o poslanstvu. (največ 4000 znakov)</p> <p>* Navedite e-naslov izobraževalnega partnerja.</p>
<p>9.6</p> 	<p>* Delivery of Format (select from the drop-down options)</p> <ul style="list-style-type: none"> <input type="radio"/> Enduring <input type="radio"/> Live Event <input type="radio"/> Print <input type="radio"/> Web <input type="radio"/> Other <p><i>If you have selected 'Other' please complete</i></p> <p>* Other Delivery of Format</p>	<p>* Oblika izvedbe (izberite med možnostmi na spustnem seznamu)</p> <ul style="list-style-type: none"> <input type="radio"/> Kontinuirano izobraževanje, usposabljanje oz. druga dalj časa trajajoča dejavnost <input type="radio"/> Enkratni dogodek v živo <input type="radio"/> Natis (tiskani materiali) <input type="radio"/> Splet <input type="radio"/> Drugo <p><i>Če izberete »Drugo«, izpolnite naslednje polje.</i></p> <p>* Oblika izvedbe v drugi obliki</p>
<p>9. Podrobnosti o izvedbi dogodka</p>		
	<p>* Does this program include any live events?</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <p><i>If you have selected 'Yes', please complete 10.1, otherwise proceed to 10.2</i></p>	<p>* Ali ta program vključuje kakšne dogodke v živo?</p> <ul style="list-style-type: none"> <input type="radio"/> Ne <input type="radio"/> Da <p><i>Če izberete »Da«, izpolnite razdelek 10.1, drugače nadaljujte z razdelkom 10.2.</i></p>

10.1

* **How many events will take place?** (select number from the drop-down options)

When you have entered the number of events, you will be asked to complete the following fields for each event:

- * **Event Location**
- * **Event Country**
- * **Event Address**
- * **Event City**
- * **Event Description:** Please provide details of event (2000 character maximum)

* **Koliko dogodkov bo organiziranih?** (izberite številko v spustnem meniju)

Ko vnesete število dogodkov, se prikaže zahteva, da za vsak dogodek izpolnite naslednja polja:

- * **Lokacija dogodka**
- * **Država dogodka**
- * **Naslov dogodka**
- * **Mesto dogodka**
- * **Opis dogodka:** Navedite podrobnosti o dogodku. (največ 2000 znakov)

10.2

Click **'SAVE AND PROCEED'**

Kliknite **»SHRANI IN NADALJUJ«.**

10. Financiranje

* **Line Item:** you do not need to take any action in this column. You can add line items by clicking on 'Add Line Item' shown in the red box on the screen to the left)

* **Category:** select the category into which your first line item falls:
If you select:

- o Honoraria – see 11.1
- o Management Fees – see 11.2
- o Onsite Out of Pocket Expenses – see 11.3

* **Vrstica:** v tem stolpcu vam ni treba narediti ničesar. Vrstice lahko dodate s klikom možnosti »Dodaj vrstico«, prikazane v rdečem polju na zaslonu na levi strani.

* **Kategorija:** izberite kategorijo, v katero spada prva postavka.
Če izberete:

- o Honorar – glejte 11.1
- o Drugi izdatki – glejte 11.2
- o Neposredni stroški, ki nastanejo na samem kraju izvedbe – glejte 11.3

	<ul style="list-style-type: none"> ○ Out of Pocket Expenses – see 11.4 	<ul style="list-style-type: none"> ○ Drugi neposredni stroški – glejte 11.4
11.1 Honorarji	<ul style="list-style-type: none"> * Sub-Category (select from drop-down options) <ul style="list-style-type: none"> ○ Others ○ Speaker * Description / Details of Spend * Estimated Total Program Cost 	<ul style="list-style-type: none"> * Podkategorija (izberite med možnostmi na spustnem seznamu) <ul style="list-style-type: none"> ○ Drugi ○ Govorec/Predavatelj * Opis/podrobnosti o stroških * Ocenjeni skupni stroški dejavnosti/programa
11.2 Drugi izdatki	<ul style="list-style-type: none"> * Sub-Category (select from drop-down options) <ul style="list-style-type: none"> ○ Administrative Services ○ Audience Recruitment ○ Content Development ○ Faculty Recruitment ○ Others ○ Program Management ○ Web Development * Description / Details of Spend * Estimated Total Program Cost: <i>please note that the Grand Total must equal Total Cost of the Program</i> 	<ul style="list-style-type: none"> * Podkategorija (izberite med možnostmi na spustnem seznamu) <ul style="list-style-type: none"> ○ Upravne/Administrativne storitve ○ Doseganje ciljev skupine ali angažiranje zanje (npr. udeleženci, prejemniki, uporabniki itd.) ○ Kreiranje vsebine ○ Angažiranje predavateljev in drugih strokovnjakov ○ Drugo ○ Upravljanje programa ○ Razvoj spletnih vsebin * Opis/podrobnosti o stroških * Ocenjeni skupni stroški dejavnosti/programa: upoštevajte, da mora biti skupni znesek enak skupnim stroškom.
11.3 Neposredni stroški, ki nastanejo na samem kraju izvedbe	<ul style="list-style-type: none"> * Sub-Category (select from drop-down options) <ul style="list-style-type: none"> ○ Accommodation – Attendees ○ Accommodation – Faculty ○ Accommodation – others 	<ul style="list-style-type: none"> * Podkategorija (izberite med možnostmi na spustnem seznamu) <ul style="list-style-type: none"> ○ Nastanitev – udeleženci ○ Nastanitev – predavatelji ○ Nastanitev – drugi

	<ul style="list-style-type: none"> ○ Accommodation – Staff ○ Meals – Attendees ○ Meals – Faculty ○ Meals – Others ○ Meals – Staff ○ Travel – Attendees ○ Travel – Faculty ○ Travel – Others ○ Travel – Staff <p>* Description / Details of Spend</p> <p>* Estimated Total Program Cost</p>	<ul style="list-style-type: none"> ○ Nastanitev – osebje ○ Obroki – udeleženci ○ Obroki – predavatelji ○ Obroki – drugi ○ Obroki – osebje ○ Potni stroški – udeleženci ○ Potni stroški – predavatelji ○ Potni stroški – drugi ○ Potni stroški – osebje <p>* Opis/podrobnosti o stroških</p> <p>* Ocenjeni skupni stroški programa</p>
11.4 Drugi neposredni stroški	<p>* Sub-Category (select from drop-down options)</p> <ul style="list-style-type: none"> ○ Advertising ○ Association Fee ○ Audio Visual ○ Certification ○ Certification fees ○ Invitation Development Distribution ○ Meeting Materials ○ Others ○ Venue Rental ○ Website Hosting Fee <p>* Description / Details of Spend</p> <p>* Estimated Total Program Cost</p>	<p>* Podkategorija (izberite med možnostmi na spustnem seznamu)</p> <ul style="list-style-type: none"> ○ Oglaševanje ○ Članarina ○ Zvočno/vizualno gradivo ○ Certificiranje ○ Kotizacije ○ Distribucija vabil ○ Gradivo za sestanke ○ Drugo ○ Najem prostora/prizorišča ○ Gostovanje spletnega mesta <p>* Opis/podrobnosti o strošku</p> <p>* Ocenjeni skupni stroški programa</p>

Attachments

- * Formal Letter of Request
- * Full Program Proposal
- Program Objectives
- Agenda
- Needs Assessment
- Outcomes measurement plan
- Other Supporting Documents
- Additional Comments
(4000 character maximum)

- * **Formal Letter of Request** – see 12.1
- * **Full Program Proposal** – see 12.2
- * **Program Objectives**
 - **Agenda**
 - **Needs Assessment**
 - **Outcomes measurement plan**
 - **Other Supporting Documents**
 - **Additional Comments** (4000 character maximum)

Click **'SAVE AND PROCEED'**

- * **Formalna pisna prošnja** – glejte 12.1
- * **Celoten predlog dejavnosti/programa** – glejte 12.2
- * **Cilji dejavnosti/programa**
 - **Dnevni red**
 - **Ocena oz. plan stroškov**
 - **Načrt merjenja realizacije dejavnosti/programa (uspešnost izvedbe)**
 - **Drugi dokumenti**
 - **Dodatni komentarji** (največ 4000 znakov)

Kliknite »**SHRANI IN NADALJUJ**«.

12.1

Formal Letter of Request - Microsoft Edge

https://sandbox.cybergrants.com/pls/cybergrants-sb/upload.entry?x_gm_id=2932&x_ut=GS_USE

File Upload

* indicates required field

Click the button to locate the file on your computer that you would like to upload. Click Upload File to upload the selected file.

Formal Letter of Request

File upload

Click the (**'Browse'**) button to locate the file on your computer that you would like to upload. Click Upload File to upload the selected file.

Formal Letter of Request

Upload File

Close Window

Prenos datoteke

Kliknite gumb (»**Brskaj**«), da v računalniku poiščete datoteko, ki jo želite prenesti. Kliknite Prenos datoteke, da prenesete izbrano datoteko.

Formalno zaprosilo

Prenos datoteke

Zapri okno

12.2

Full Program Proposal - Microsoft Edge

https://sandbox.cybergrants.com/pls/cybergrants-sb/upload.entry?x_gm_id=2932&x_ut=GS_USE

File Upload

* indicates required field

Click the button to locate the file on your computer that you would like to upload. Click Upload File to upload the selected file.

Full Program Proposal Browse...

Upload File Close Window

File upload

Click the button to locate the file on your computer that you would like to upload. Click Upload File to upload the selected file.

Full Program Proposal

Upload File

Close Window

Prenos datoteke

Kliknite gumb, da v računalniku poiščete datoteko, ki jo želite prenesti. Kliknite Prenos datoteke, da prenesete izbrano datoteko.

Celoten predlog programa

Prenos datoteke

Zapri okno

12. Potrdilo

Attestation

* indicates required field

I acknowledge that Novartis support must not in any way (directly or indirectly) be connected to or conditioned upon any prescribing, purchasing or recommending any product manufactured or marketed by Novartis.

I confirm that this proposal is unsolicited and has been developed independently with no (direct or indirect) influence or prior discussion with any Novartis Medical or Commercial associate.

I acknowledge that the information and responses provided in this application are truthful, accurate and complete.

In compliance with applicable transparency law, I commit to provide accurate and timely data to Novartis.

I confirm to the statement above Yes

* I acknowledge that any real, potential or perceived conflicts of interest are described here. (?)

(4000 character maximum)

SAVE AND PROCEED

I acknowledge that Novartis support must not in any way (directly or indirectly) be connected to or conditioned upon any prescribing, purchasing or recommending any product manufactured or marketed by Novartis.

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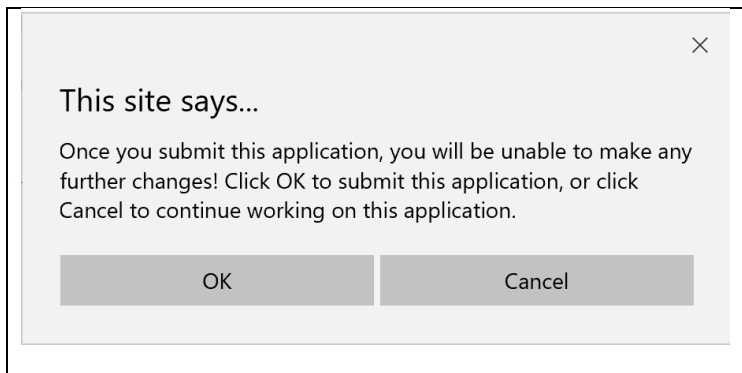
In compliance with applicable transparency law, I commit to provide accurate and timely data to Novartis.

Potrjujem, da Novartisova finančna podpora ne sme biti nikakor (niti neposredno niti posredno) povezana ali pogojena s predpisovanjem, nakupom ali priporočanjem katerega koli izdelka, ki ga Novartis proizvaja ali trži.

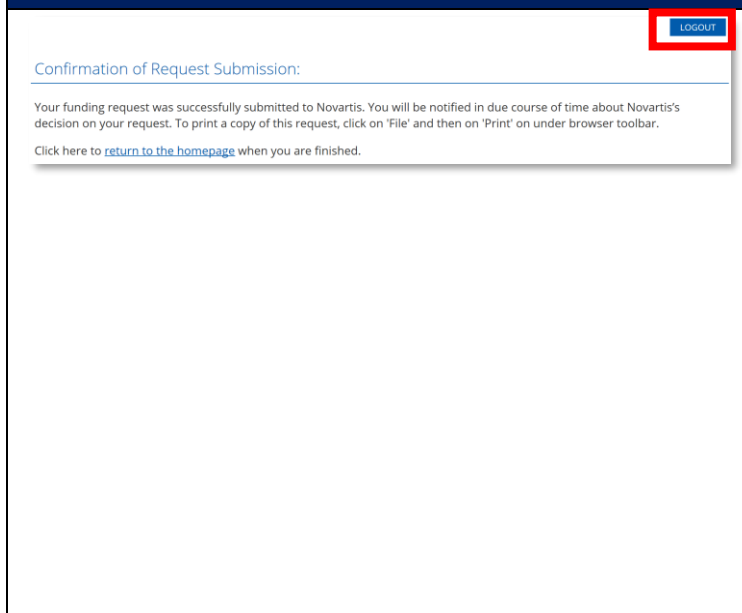
Potrjujem, da ta prošnja ni bila spodbujana s strani Novartisa in je bila razvita neodvisno, brez (neposrednega ali posrednega) vpliva katerega koli Novartisovega sodelavca iz medicinskega ali komercialnega tima ali predhodnega pogovora z njim.

Potrjujem, da so navedene informacije in odgovori v tej vlogi resnični, točni in celoviti.

	<p>* I confirm to the statements above Yes</p> <p>* I acknowledge that any real, potential or perceived conflicts of interest are described here. (4000 character maximum)</p> <p>Click 'SAVE AND PROCEED'</p>	<p>Skladno z veljavno zakonodajo o preglednosti se zavežujem, da bom Novartisu pravočasno zagotavljal(a) pravilne podatke.</p> <p>* Potrdjujem zgornje izjave Da</p> <p>* Potrdjujem, da so tukaj opisana vsa dejanska, morebitna ali navidezna nasprotja interesov. (največ 4000 znakov)</p> <p>Kliknite »SHRANI IN NADALJUJ«.</p>
<h3>13. Pregled vloge</h3>		
<p><u>Review Your Application</u></p> <p><small>Please review your proposal information. If you are not ready to submit your proposal at this time, click the "Save Only" button. The proposal will then be available to edit from the Welcome page. Clicking the Submit button will immediately send the application to Novartis and you will then be unable to perform further editing.</small></p>	<p>Please review your proposal information. If you are not ready to submit your proposal at this time, click the "Save Only" button. The proposal will then be available to edit from the Welcome page. Clicking the Submit button will immediately send the application to Novartis and you will then be unable to perform further editing.</p>	<p>Preglejte vnesene informacije o predlogu. Če predloga še niste pripravljene oddati, kliknite gumb »Samo shrani«. Predlog bo nato na voljo za urejanje na pozdravni strani. Če kliknete gumb »Pošlji«, bo vloga takoj poslana Novartisu in potem ne boste mogli nadaljevati urejanja.</p>
<div style="display: flex; justify-content: center; gap: 20px;"> <div style="background-color: #0056b3; color: white; padding: 10px 20px; border-radius: 5px;">SUBMIT</div> <div style="background-color: #a6a6a6; color: white; padding: 10px 20px; border-radius: 5px;">SAVE ONLY</div> </div>	<p><i>Review the information on the page and if you are satisfied it is correct, click 'SUBMIT' or 'SAVE ONLY'</i></p>	<p><i>Preglejte informacije na strani, in če ste prepričani, da so pravilne, kliknite »POŠLJI« ali »SAMO SHRANI«.</i></p>

 <p>This site says...</p> <p>Once you submit this application, you will be unable to make any further changes! Click OK to submit this application, or click Cancel to continue working on this application.</p> <p>OK Cancel</p>	<p><i>If you have clicked 'SUBMIT' the following pop-up box will appear</i></p> <p>This site says... Once you submit this application, you will be unable to make any further changes! Click OK to submit this application or click Cancel to continue working on this application.</p>	<p><i>Če kliknete »POŠLJI«, se prikaže naslednje pojavno okno.</i></p> <p>Opomba spletnega mesta ... Ko to vlogo oddate, je ne boste mogli več spreminjati! Kliknite »V redu«, da vlogo oddate, ali »Prekliči«, če želite nadaljevati delo na tej vlogi.</p>
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14. Potrditev oddaje prošnje

 <p>Confirmation of Request Submission:</p> <p>Your funding request was successfully submitted to Novartis. You will be notified in due course of time about Novartis's decision on your request. To print a copy of this request, click on 'File' and then on 'Print' on under browser toolbar.</p> <p>Click here to return to the homepage when you are finished.</p> <p>LOGOUT</p>	<p><i>If you have clicked 'OK', the following text will appear at the top of the page</i></p> <p>Your funding request was successfully submitted to Novartis. You will be notified in due course of time about Novartis's decision on your request. To print a copy of this request, click on 'File' and then on 'Print' on under browser toolbar.</p> <p>Click here to <u>return to the homepage</u> when you are finished.</p> <p><i>If you wish to leave the site, use the blue LOGOUT' on the top right of the screen.</i></p>	<p><i>Če kliknete »V REDU«, se na vrhu strani prikaže naslednje besedilo.</i></p> <p>Vaša prošnja za donacijo je uspešno oddana. O Novartisovi odločitvi glede prošnje boste pravočasno obveščeni. Če želite natisniti kopijo te prošnje, kliknite »Datoteka« in nato »Natisni« v orodni vrstici brskalnika.</p> <p>Ko končate, kliknite tukaj, da se <u>vrnete na domačo stran</u>.</p> <p><i>Če želite zapustiti spletno mesto, uporabite modro možnost »ODJAVA« v zgornjem desnem kotu zaslona.</i></p>
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