

Application

Mildred-Scheel-Nachwuchszentrum (MSNZ)

Applicant’s Details

1. Position applied for with MSNZ

Clinical Scientist [ ]  Advanced Clinical Scientist [ ]

Medical Scientist [ ]  MD Scholarship [ ]

Possible starting date:

**2. Applicant**

Name, title:

Date of birth:

Contact details:

Email: Telephone number:

Institution:

**3. Contract information**

Current position (e.g. Doctor, Scientist, Post Doc, etc.):

Pay scale grouping (e.g. TVÄ1S2; TVE13S3):

Current permanent contract?: [ ]  yes [ ]  no

Contract end:

**4. Institution or host clinic where the applicant is currently employed**

(more than one is possible)

5. Research cooperation partner (if applicable)

Name:

Contact details:

Email: Telephone number:

Institution:

Project description

*Max. 4 pages total including figures and literature/citations (Arial 10, line spacing 1.15)*

1. Project title

**2. Summary**

*Please summarize the proposed project in 200 words.*

**3. Background**

*Please provide a short overview on the published background of the project (max 0.5 page; literature in Arial 9, with line spacing 1; mark own publications).*

**4. Preliminary results**

*Please provide your preliminary contribution to the topic or the contribution of the institution you plan to work with.*

**5. Aims and work plan**

*Please provide a realistic and timed description of your plan. Also, please provide the long-term goals of the project beyond the MSNZ funding period.*

**6. Cooperation**

*Please describe why the clinic/institute you are working with is a suitable partner institution for your project. Please indicate which collaborators will provide support to the project and briefly describe. If an external project partner is intended, please justify.*

Attachments

**1. CV**

*Please list your education and work experience and provide your five most important publications.*

**2. List of funding and grants**

*If available, please list previous third-party funding and projects you have applied for.*

**3. Ethical requirements and data protection**

*If applications to the ethics committee or animal testing applications are required for the implementation of the project, please indicate to what extent these have already been prepared, submitted or approved.*

**Declaration of the applicant**

I hereby confirm that this application has been written by myself, the information provided in this application is true, and I have not used any sources other than those mentioned here.

Signature/Date Name (applicant)

**Endorsement of employer** (clinic, institute and research cooperation partner)

I fully support the above application.

Signature/Date Name (head of clinic/institute)

Signature/Date Name (head of research cooperation partner)