

Application as Advanced Clinician Scientist

Mildred-Scheel-Nachwuchszentrum (MSNZ)

Applicant’s Details

**1. Applicant**

Name, title:

Date of birth:

Contact details:

Email: Telephone number:

Institution:

Possible starting date:

**2. Contract information (internal candidates only)**

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

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

Current contract length: until\* ;  permanent

(\*in case the contract ends before the end of the plannend MSNZ-funded program, the endorsement from the department/institute chair needs to be provided, see below)

**3. Clinic, institution or department for the clinical part (for internal candidates: current employment)**

Clinic / institution / department:

Head:

Position:

4. Research cooperation partner (internal candidates) or preferred research cooperation partner (external candidates)

Name:

Contact details:

Email: Telephone number:

Institution:

**5. Requested research time (funded by MSNZ): \_\_\_\_\_ % for \_\_\_\_\_\_ years**

(should be between 30% and 70% and 3 to 5 years)

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 results and contribution to the topic.*

**5. Aims and work plan**

*Please describe the aims and planned methodology and workplan. Please provide a realistic time table for the 3 to 5 years. A budget of 10,000 €/year is included in the ACS program (if funds for consumables up to 20,000 €/year are requested, please provide a detailed justification). Finally, please provide an outlook with the long-term goals of the project beyond this MSNZ funding period.*

**6. Integration into the FCI, DKTK and UCT**

*Please describe how your aim and workplan fit into the overall strategy and programs of the FCI, DKTK and UCT.*

*Please describe why the department/institute you prefer to work with is a suitable partner institution for your project. (For internal candidates: Please indicate which collaborators will provide support to the project and briefly describe.) If an external project partner is planned, please describe.*

**7. Description of own longterm clinical and scientific concept**

*Please describe your long-term clinical and scientific concept beyond the current project.*

Attachments

**1. CV**

*Please list your education and work experience.*

**2. List of publications**

*Please provide your publications (published or submitted).*

**3. List of funding and grants (if available)**

*Please list previous third-party funding and projects you have applied for.*

**4. 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 correct, and I have not used any sources other than those mentioned here.

Signature/Date Name (applicant)

**For internal candidates only:**

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

**1. How does the applicant fit the overall strategy of your Department / Institute?**

*(Integration into clinical concept)*

**2. Please describe in detail the long-term commitment of your Department / Institute towards the applicant**

*(including contract length, departmental funding, investments, laboratory space, research support, research personnel such as technician etc., clinical training support)*

I fully support the above application and hereby confirm that Ms/Mr Dr. xxx will be exempt from clinical practice for the time of her/his MSNZ research activities.

Signature/Date Name (head of clinic/institute)

Signature/Date Name (head of research cooperation partner)