

Application as 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**

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

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

[ ]  Full time / [ ]  Part-Time ( %)

Current contract length: until\* ; [ ]  permanent

(\*in case the contract ends before the end of the plannend MSNZ-funded 3-year program, the endorsement from the department/institute chair needs to be provided, see below)

Current medical specialist training:

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

4. 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 describe the aims and planned methodology and workplan. Please provide a realistic time table for the 3 years. A budget of 10,000 € is included in the CS program with the expectation that additional consumables are provided by the host laboratory (if funds for consumables up to 30,000 € 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. Cooperation**

*Please describe how your aims and workplan fit into the overall strategy and programs of the FCI, DKTK and UCT. Please describe why the department/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 planned, please describe.*

Attachments

**1. CV**

*Please list your education and work experience.*

**2. List of publications (if available)**

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

Signature/Date Name (applicant)

**Endorsement of employer** (internal candidates only)

**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 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 exempted 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)