

Application as Medical 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. Post Doc, etc.):

Pay scale grouping (e.g. TVE13S1):

For candidates currently employed at Goethe University or University Hospital Frankfurt:

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)

**3. Institution or department where the applicant is currently employed**

(more than one is possible)

4. Research cooperation partner (if applicable)

Name:

Contact details:

Email: Telephone number:

Institution:

5. Core facility for activities as staff scientist (if applicable)

Name:

Contact details:

Email: Telephone number:

The “MSNZ research time” is 50%.

For staff scientists individual adaptations can be made: please indicate the requested research time if not 50% (between 30% and 70%): \_\_\_\_\_\_\_ %

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 next 3 years. A budget of 10,000 € is included in the MS program with the expectation that additional consumables are provided by the host institute / department and third-party funding.*

*Finally, please provide an outlook with the long-term goals of the project beyond this MSNZ funding period.*

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

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

**7. Description of own long-term scientific concept**

*Please describe your long-term scientific concept beyond the current project and how the current project supports your future scientific career plans to develop into an independent research group leader.*

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)

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

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

*(Integration into institutional concept)*

**2. Please describe in detail the long-term commitment of your Department / Institute towards the applicant and his/her future scientific career development.**

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

I understand that by supporting this applicant I am committing myself and my department / institute to a long-term commitment of this applicant (i.e. at least for 3 additional years after completion of this program). I therefore fully support the above application.

Signature/Date Name (head of institute)

Signature/Date Name (head of research cooperation partner)

I fully support the above application and hereby confirm that Ms/Mr Dr. xxx will be exempt from duties as staff scientist for the time of her/his MSNZ research activities (if applicable).

Signature/Date Name (head of core facility)