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| **Application for financial support through the Advanced Clinician Scientist Programme** |

This form is to facilitate the process of your application through the provision of all the necessary data. The form may be processed in current versions of Microsoft Word for Windows and the form fields accommodate to the data entered (max. 10 pages, font: Arial 10pt).

**Personal information**

|  |  |
| --- | --- |
| **Surname / Family name** |  |
| **First / given name** |  |
| **Address** |  |
| **Email address** |  |
| **Telephone number(s)** |  |
| **Current occupation** |  |

**Information on education status**

|  |  |  |
| --- | --- | --- |
| **Univ. degree** | University or equiv. institution |  |
|  | Period |  |
|  | Final grade |  |
| **Doctorate/Ph.D.** | Subject/title |  |
|  | Institution/ MentorIn |  |
|  | Year |  |
| **Postdoctoral qualification**  **(Habilitation)[[1]](#footnote-1)** | Subject |  |
| Institution/Mentor |  |
|  | Year |  |
| **Licence to practise (Year)[[2]](#footnote-2)** | attained |  |
| **Specialty qualification attained** | Specialty field |  |
|  | Year |  |
| **Other important information (e.g. parental leave or time spent caring for family members)** | |  |
| **Please provide two references**  **(Name und Institution, please attach your letter of reference as an attachment)** | |  |

**Third-party funding awarded/received  
Please enter here all the third-party financial support either already awarded or recently applied for.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **External institution / Programme / applicant** | **Status (applied for / awarded)** | **Start of funding** | **Duration in years** | **Subject/title** | **Sum approved (€)** |
|  |  |  |  |  |  |

**Clinical and scientific focus in the IZKF Advanced Clinician Scientist-Programme**

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| **Please describe your clinical and scientific focus including your research achievements to date** (max. 2,500 characters incl. spaces) |
|  |
| **Describe your experience in teaching and mentoring** |
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| **Describe your national and international networking (both clinical and scientific)** |
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**Project description for the next five years:**

1. **General information**

Project title (German):

Project title (short form) (German):

Project title (English):

Project title (short form) (English):

**Abstract in German** (max. 1,600 characters incl. spaces):

**Abstract in English** (max. 1,600 characters incl. spaces):

1. **Current status of research**

with max. 10 references**.**

1. **Personal preparative work**with max. 5 own references
2. **Work programme**
   1. **The research problem/issue and aims**
   2. **Methods and work programme**

Please describe your consistent work programme, detailing clearly how you plan to proceed. Outline the chronological order and duration of each step, noting the relevant milestones (intermediate objectives). If/where necessary, please illustrate alternative approaches.

Please describe the methods you require to complete the project, clearly differentiating between methods already established, those that need to be developed, and those to be sourced from outside the project team.

* 1. **Project-related Cooperation**

Please provide a description of any methodological and/or content-related collaboration and attach an informal joint statement of cooperation signed by all the participants to your application

* 1. **Planning of milestones (taking the interim evaluation after three years into consideration)**
  2. **Explanation of investigations subject to official authorization**

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| --- | --- |
| Are any of the following investigations subject to official authorization planned? | |
| On **humans** or on **material/tissues retrieved from humans**  No  Yes:  already authorized  applied for  application outstanding | *If not yet approved, please provide a short description of the biometric planning as basis and the proceedings ongoing.* |
| On **animals**  No  Yes:  already authorized  applied for  application outstanding | *If not yet approved, please provide a short description of the biometric planning as basis, the proceedings ongoing, as well as the prospects of success.* |
| **Genetic** experiments  No  Yes: | *We confirm that access to the required infrastructure (S1,S2, S3) is available and has been approved.* |

1. **Research data management**

*Improvements in the handling of research data in science are considered a high priority.*

*Please outline clearly the methods, extent, and documentation of the data generated as well as the planned storage concept. Discuss the opportunities for other members of the scientific community to (re)-utilize data generated by the project.*

1. **Risk management**
2. **Prospects of success**
3. **Planning towards application for further external third-party funding**

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| --- | --- | --- |
|  |  |  |
| Date |  | Signature |

**Attachments (Please refer to the website for templates):**

* Annex “Finances”
* Current curriculum vitae / resumé with **max**. 10 of your most important publications
* Certification: Federal examination certificates, board certificate(s) of specialty training, doctorate degree certificate(s), “Habilitation” certificate (where applicable)
* Concept of future development both scientifically and clinically, including a plan of implementation relating to guaranteed periods of research, developed and signed by both project applicant and clinic/department director
* Evidence of mentoring experience to date. (For applicants without “Habilitation” or equivalent, please provide confirmation from the respective principal supervisor/investigator).

1. A postdoctoral qualification specific to a number of countries including Germany conferring the suitability to occupy a professorship at university level [↑](#footnote-ref-1)
2. The German licence to practise medicine (or a valid permit to work as a medical doctor in Germany for non-German applicants) is required to apply for the Programme. [↑](#footnote-ref-2)