

Application as Clinician Scientist

Mildred-Scheel-Nachwuchszentrum (MSNZ)

Applicant’s Details

**1. Applicant**

Name, title:

Date of birth:

Contact details:

E-Mail: 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 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**

Clinic / institution / department:

Head:

Position:

4. Research cooperation partner (Marburg)

Name:

Contact details:

Email: Telephone number:

Institution:

5. If available: additional research cooperation partner

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 timetable for the planned research time. A budget of 10,000 € is included in the CS program with the expectation that additional consumables are provided by the host laboratory. 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 Frankfurt-Marburg**

*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. If parts of the project will be conducted in Marburg, please indicate this in the workplan. Please indicate which collaborators will provide support to the project and briefly describe. If an external project partner is planned, please describe.*

*An important aim of the MSNZ is to intensify scientific interaction with Marburg. Please explicitly describe how you plan to integrate your project into the research landscape between Frankfurt and Marburg. Please indicate which collaborators in Marburg will provide support to the project and briefly 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 duties for the time of her/his MSNZ research activities.

Signature/Date Name (head of department/institute)

Signature/Date Name (head of research cooperation partner)

**Bestätigung des Klinikdirektors/der Klinikdirektorin zur Freistellung und Finanzierung im Mildred-Scheel-Nachwuchszentrum**

Sehr geehrter Herr Prof. Brandts, sehr geehrte Frau Prof. Ullrich,

hiermit bestätige ich, dass Frau/Herr Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ im Falle der Förderung durch das Mildred-Scheel-Nachwuchszentrum Frankfurt zur Durchführung der geplanten Forschungsarbeiten für 12 Monate zu 100% und im Anschluss für zwei Jahre zu 50% von seinen/ihren klinischen Verpflichtungen freigestellt wird. Die genauen Freistellungszeiträume werden im Falle einer Förderung im Rahmen der Fördervereinbarung festgehalten.

Ferner bestätige ich, dass die Freistellungszeit (50%) von Herrn/Frau Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ für Forschungstätigkeiten im zweiten und dritten Förderjahr aus Mitteln meiner Klinik/meines Instituts und nicht durch Mittel des MSNZ finanziert wird.

Falls einzelne Bereitschaftsdienste mit dem/der Kollegiat/in vereinbart werden, werden die anfallenden Kosten im gesamten Förderzeitraum ebenfalls aus Mitteln meiner Klinik/meines Instituts und nicht aus MSNZ-Mitteln finanziert.

Mit freundlichen Grüßen

Name und Unterschrift

Klinikdirektor/in / Institutsdirektor/in der entsendenden Institution