|  |  |  |
| --- | --- | --- |
| Name des Antragstellers/*Name of applicant* |  | |
| Aktuelle Position & Einrichtung/ *Current position & institution* |  | |
| Name des PhD-Mentors &  E-Mail/*Name of PhD mentor &  email*  DZIF TTU |  | |
| Forschungseinrichtung(en)/  *Institution(s) where research shall take place* |  | |
| Zeitraum des Projekts/*Project duration* | Start | End |
| Titel des Projektes / *Project title* |  | |
| Adresse, E-Mail & Telefon des Antragstellers/*Applicant’s address, email & phone* |  | |

**Please indicate:** MD thesis handed in

* Yes
* No. The approximate date for the Dr.med. defense will be ………………………

Please send your completed application as a **single PDF document** to academy@dzif.de.

**RESEARCH PROPOSAL (ca. 5 pages in English)**

# Summary

1. **Project background**
2. **Hypothesis**
3. **Specific project aims**
4. **Detailed work program**
5. **Research qualification of the candidate**
6. **Timetable** **and Milestones**

|  |  |
| --- | --- |
| Milestone | Date |
|  |  |
|  |  |
|  |  |
|  |  |

**DZIF Mentoring**

**Where**

I would like to take part in the DZIF Mentoring program at my home institution.

or

I would like to take part in the DZIF Mentoring program at a different DZIF site.

**Topic**

I would like to have a mentor within the same research field.

or

I would like to have a mentor from a different research field. Field:

I already participated in a mentoring program. Therefore, I am not interested in DZIF Mentoring.

**Overall budget request for the DZIF MD/PhD Program**

**Please agree:**

All costs have been approved by the home institution´s third party funding department/personnel and/or financial department.

**Institution** (with abbreviation and number e.g. UK LMU - 504):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **1st funding year [k€]**  Month 0-12 | **2nd funding year [k€]**  Month 13-24 | **3nd funding year [k€]**  Month 25-36 | **Total**  **[k€]** | **Justification / Description** |
| Personnel costs (candidate incl. employer´s gross) |  |  |  |  |  |
| Consumables |  |  |  |  |  |
| Overheads  (only HZI, HMGU and DKFZ) |  |  |  |  |  |
| **Total** [k€] |  |  |  |  |  |

# Signatures

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third party funding/personnel department Head of Institute (Home Institution)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Mentor

**Additional required documents:**

* Motivation letter including long-term career goals (max. 1 page)
* Applicant’s CV (including publications and conference presentations)
* Mentor’s CV & publication record (last four years); list of doctoral and/or medical students supervised in last five years including publications
* Validation from medical program director foreseeing completion of medical studies and/or medical doctoral thesis (Dr. med.) if not yet obtained
* Form declaring clinical director’s approval of release: “Bestätigung über Freistellung von der klinischen Tätigkeit”
* Confirmation from DZIF partner site coordinator