Application to the German Center for Infection Research for a

**Clinical Leave Programme**

|  |  |  |
| --- | --- | --- |
| Gasteinrichtung / *Institution where research will take place* |  | |
| Titel des Projekts / *Project Title* |  | |
| Zeitraum des Projekts / *Funding Duration* | Start | End |
| Projektleiter mit Email / *Project leader (host) incl. Email.*  DZIF TTU |  | |
| Name des Antragstellers / *Applicant’s Name* |  | |
| Entsendende Einrichtung und Klinik / *Home Institution and Clinic* |  | |
| Adresse */ Address* |  | |
| Telefon / *Phone* |  | |
| E-Mail |  | |

**Please indicate:**

* First application for the 12-month programme
* First application for the 18-month programme
* Six-month extension

Previous Work (max 2 pages)

|  |
| --- |
|  |

Clinical/Research experience

|  |
| --- |
|  |

Publications (your own five most relevant)

|  |
| --- |
|  |

**RESEARCH PROPOSAL (max.5 pages)**

Summary (ca. 250 words)

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| --- |
|  |

Aims (Ca. 100 words)

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|  |

Introduction (max 1 page)

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|  |

Detailed work plan

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| --- |
| *Description of work plan, what methods have to be established, and if help needed from outside* |
|  |

Timetable and Milestones

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

**DZIF Mentoring**

**Where**

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

or

I would like to take part in the DZIF Mentoring programme 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 programme. Therefore, I am not interested in DZIF Mentoring.

**Overall budget request for the DZIF Clinical Leave Programme**

**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  Or Month 1-6 for extension/  follow-up | **2nd funding year [k€]**  Month 13-18 | **Total**  **[k€]** | **Justification / Description** |
| Personnel costs (candidate incl. employer´s gross) |  |  |  |  |
| Consumables |  |  |  |  |
| **Total** [k€] |  |  |  |  |

**SIGNATURES**

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

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Applicant Group Leader (Host)

**APPENDICES (please send ONE single-file PDF-document)**

* Motivation letter for choosing project and host institution (max. 1 page)
* CV including full list of publications
* Signed form declaring clinical director’s approval of release: “Bestätigung über Freistellung von der klinischen Tätigkeit”
* Letter of support from project mentor/laboratory head
* Letter of support from your current DZIF Partner Site Coordinator (informal)