



SACHSEN-ANHALT



EUROPÄISCHE UNION

ESF

Europäischer
Sozialfonds

Oxford Scientist Stipend Application for Conduct of Biomedical Research at the MLU

Stipendienantrag für Wissenschaftler aus Oxford zum biomed. Forschungsaufenthalt in Halle v Dec 2017

Please complete this form. All information provided will be kept confidential. Please kindly provide a short CV and a brief statement of your research plans (collaboration, sabbatical etc.). Support letters from sending and receiving heads of laboratory are also appreciated. We will aim to make a decision in less than 4 weeks.

Family Name:

First Name:

Date and place of Birth:

Nationality:

Contact address:

Contact phone number:

Email:

Name of Bank:

BIC:

Bank account: IBAN _____

Student/Medical doctor/Scientific employee

Senior Scientist (Postdoctoral, Professor)

Current employment/affiliation

Host laboratory in Halle already arranged?

Yes

Host lab details: _____

(Name of lab head, department/institute, contact email)

No

Anticipated period of stay

___ months; from _____ to _____ (please provide specific dates, if possible)

Declarations

- I hereby confirm that I will conduct full-time biomedical research at the MLU.
- Should my stay be cut short, I will repay unused funds.
- I am an EU citizen (and have not been banned from entering Germany).
- I am not an EU citizen, but hold a valid visa for Germany (please provide evidence).
- If awarded another stipend for the same research stay, I will inform the project leader (S. Feller) immediately and return the corresponding sum of money to the MLU.
- I am already supported by another stipend or other form of support and am therefore applying for a reduced stipend rate (please specify other support).
- If granted the stipend, I will provide a 1-page written report about my research stay (to be submitted to S. Feller, Email stephan.feller@uk-halle.de).

Stipend rates will be adjusted according to research visit-related expenses (travel, extra accommodation and costs of living) to be covered. Expenses for research consumables cannot be funded. Please indicate special needs as applicable (accompanying children, disabilities etc.). If possible, please provide an estimate of anticipated special expenses.

Please note: The stipend does not constitute employment in any form and does not include health insurance or other forms of insurance.

Place & date of application _____ Signature Applicant _____

(Section below for stipend application processing staff only)

Project leader (Prof. Stephan M. Feller; ESF (EU) grant 'Internationales Forschungsnetzwerk Krankheitsbiologie und Molekulare Medizin'/ZS/2016/08/80642/KSt.Nr. 22102029)

- Application supported (funds permitting)
- Application supported on the condition _____
- Application declined. Reason _____

Place & date _____ Signature _____

Vice Dean for the Promotion of Junior Staff (Prof. Dr. Michael Bucher)

- Application supported (funds permitting)
- Application supported on the condition _____
- Application declined. Reason _____

Place & date _____ Signature _____