Application as Advanced Clinician Scientist

INITIALISE - Innovations in Infection Medicine - Advanced Clinician Scientist Program

Applicant’s Details

**1. Applicant**

Name, title:

Date of birth:

Contact details:

Email: Telephone number:

Institution:

Possible starting date:

**2. Contract information (internal candidates only)**

Current position:

Pay scale grouping (e.g. TVÄ1S2):

Full time /  Part-Time ( %)

Current contract length: until\* ;  permanent

(\*in case the contract ends before the end of the plannend INITIALISE-funded program, the endorsement from the department/institute chair needs to be provided, see below)

**3. Suitable clinic, institution or department for the clinical part (for internal candidates: current employment)**

Clinic / institution / department:

Head:

Position:

**4. Requested research time (funded by INITIALISE): \_\_\_\_\_ %**

(should be between 50% and 70%)

Project description

*Max. 12 pages total including figures and literature/citations*

1. Project title

**2. Summary**

*Please summarize your proposed project.*

**3. Background**

*Please provide a short overview on the published background of the project.*

**4. Preliminary results**

*Please provide your preliminary results and contribution to the topic.*

**5. Aims and work plan**

*Please describe the aims and planned methodology and workplan. Please provide a realistic time table for the 6 years. Please include herein a table describing your budget plan for 130 000€ per year e.g. employees (own employment, E12-15, E1-E11), employment other (e.g. undergraduate assistant/Studentische Hilfskraft), investment>410€, award of contracts (Aufträge), consumables, other, travel expenses (national and international).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** |
|  | ***application/ Planning*** | ***application/ Planning*** | ***application/ Planning*** | ***application/ Planning*** | ***application/ Planning*** | ***application/ Planning*** |
| Emplyee ACS (your salary, e.g.TVÄ3/1, 50%) | - | - | - | - | - | - |
| Employees E12-E15 (e.g. PhD, TV-GU, E13/2, 65%) | - | - | - | - | - | - |
| Employees E1-E11 (e.g. MTA TV-GU, 9b/2, 25%) | - | - | - | - | - | - |
| Employment other | - | - | - | - | - | - |
| Investment > 410€ (e.g. equipement) | - | - | - | - | - | - |
| Award of contracts | - | - | - | - | - | - |
| Consumables | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** |
| Other | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** |
| Travel | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** | ***-*** |
| **Sum** | **130.000,00** | **130.000,00** | **130.000,00** | **130.000,00** | **130.000,00** | **130.000,00** |

**6. 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.*

**7. Integration into the Goethe University and University Hospital Frankfurt**

*Please describe how your aim and workplan fit into the overall strategy and programs of the Goethe University and University Hospital Frankfurt. Please describe why the department/institute you would like to work with is a suitable partner institution for your project. If you are not yet familiar with the Goethe University and University Hospital Frankfurt, please describe which ressources you will be needing for your research (e.g. expertise, technologies, etc…). If an external project partner is planned, please describe.*

**8. Description of own longterm clinical and scientific concept**

*Please describe your long-term clinical and scientific concept beyond the current project.*

Attachments

*Please submit in English language as one combined PDF.*

**1. CV**

*Please do not include: photo, place of birth, marital status, religion, nationality. Please do not forget to sign your CV.*

**2. List of publications**

*Please provide your publication list (published or submitted), sorted by first/last/other authorships, including impact factors.*

**3. List of funding and grants (if available)**

*Please list previous third-party funding (including amount of funding for all listed funds) and projects you have applied for.*

**4. Letter of motivation**

*Max. 2 pages in total.*

**5. Letter of support**

*Please provide a letter of support for the INITIALISE-ACS-Program form your* ***Accepting-Scientist****, accepting institute(s) and/or department(s) explaining how the independent research group of the candidate will be embedded and supported financially.*

**6. Letter of recommendation**

*Please provide a letter of recommendation from your current* ***Accepting-Clinician*** *for the INITIALISE-ACS-Program.*

**Declaration of the applicant**

I hereby confirm that this application has been written by myself, the information provided in this application is correct, and I have not used any sources other than those mentioned here.

Signature/Date Name (applicant)

**For internal candidates only:**

**Endorsement of employer** (department, institute and research cooperation partner)

**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 contract length, 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 exempt from clinical practice for the time of her/his INITIALISE research activities.

Signature/Date Name (head of clinic/institute)

Signature/Date Name (head of research cooperation partner)