



Application iMMUNE Advanced Clinician Scientist

iMMUNE_ACS - Interfaces in Immunomedicine - Advanced Clinician Scientist Program

Please combine all parts of your application in one PDF (max size 5MB)

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. TVÄ2S1):

Full time / Part-Time (____%)

Current contract length: until* _____; permanent

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

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

Clinic / institution / department:

Head:

4. Requested research time (funded by iMMUNE): _____%
(= or >50%)

Project description

Max. 5 pages total including figures, excluding literature/citations (Arial 11, line spacing 1.2) – please delete all grey instructions after finishing

1. Project title

2. Summary

Please summarize your proposed project (max 200 words)

3. Background

Please provide a short overview on the published background of the project. Focus on your own contribution to the topic.

4. Preliminary results

Please provide your preliminary results.

5. Aims and work plan

Briefly describe the hypothesis, aims, planned methodology, and workplan. We do not need detailed information here. Please provide a realistic time table for the 5 years.

6. Ethical requirements/ data protection/ diversity

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. Explain, how your research hits the FAIR criteria. Describe how your research adds to improving diversity.

7. Integration into the DZI and the University Hospital Erlangen

Please describe how your aim and workplan fit into the overall strategy and programs of the FAU Erlangen-Nürnberg and the Universitätsklinikum Erlangen. Please describe your interface with immunmedicine and potential collaboration partners. If you are not yet familiar with the FAU Erlangen-Nürnberg/ Universitätsklinikum Erlangen, please describe which resources you will be needing for your research (e.g. expertise, technologies, etc...).

8. Description of own longterm clinical and scientific concept

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

Attachments

Please submit in English language

1. CV

Please do not include: photo, place of birth, marital status, religion, nationality.

Please do include: number of children and duration of parental leave

2. List of publications

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

3. List of funding, grants, and contributions to clinical studies (if available)

Please list previous third-party funding and projects you have applied for.

4. List of management duties

e.g. faculty commissions, clinical centers,

5. Letter of motivation

Max. 2 pages in total.

6. Letter of recommendation

Please provide a letter of recommendation for the iMMUNE_ACS-Program.

7. Letter of the director of the accepting host institution (external candidates only)

Please provide a letter of the director of the accepting host institution confirming the offer and the start date of employment in Erlangen.

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 iMMUNE research activities.

Signature/Date

Name (head of clinic/institute)

Signature/Date

Name (head of research cooperation partner)