

Financial Support for Early Career Researchers with Children

- Application Form -

| Personal information      |          |
|---------------------------|----------|
| Last Name, first name(s): |          |
| Date of birth:            | Address: |
| Nationality:              |          |
| Phone / mobile:           |          |
| E-mail:                   |          |

| Information on the current research project (doctoral project or main project) |   |
|--|---|
| (Working) Title:   | Field of study and faculty:             |
| Name of the main supervisor (if applicable):                                   |   |
| Contact of the main supervisor (if applicable):                                |   |
| Date of admission by faculty (PhD only):                                       |   |
| Starting date of the doctoral thesis (PhD only):                               | Intended date of completion (PhD only): |

| <b>Child-care situation and special circumstances</b>   |  |
|---|--|
| Describe briefly <ul style="list-style-type: none"> <li>• what the current child-care situation is (Is your partner employed? Are you a single parent?),</li> <li>• which other circumstances may create an additional burden (e.g., care for other family members, special needs of the child).</li> </ul> |  |

| <b>Information on financial situation</b>             |  |
|---|--|
| Do you currently have a scholarship or an employment? | <input type="radio"/> yes <input type="radio"/> no |
| If yes, which is the funding institution / employer?  |  |
| How high is the monthly funding rate or the wage?     | Period of scholarship / employment contract        |

|   |  |  |    |
|---|--|--|----|
| In the last two years and before your current funding, have you already been employed in a scientific position in Germany or have you received a scholarship? |  | yes  | no |
| If yes, which was the funding institution / employer?   |  |  |    |
| If yes, how high was the monthly rate / wage?   |  | Period of scholarship / employment contract: |    |

yes            I have read the data protection declaration and agree to the use of data described  
no              therein. I know that I can revoke my consent to the use of data at any time.

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|             |                            |
|-------------|----------------------------|
| Place, date | Signature of the applicant |
|-------------|----------------------------|