**Networking Grant | Application Form**

# Contact Details OF THE APPLICANT

|  |  |
| --- | --- |
| Form of address (Mr./Ms./Mx.) |  |
| Surname: |  |
| First name: |  |
| Date/place/country of birth/age: |  |
| Academic degree: |  |
| Institute / Division: |  |
| Work address: |  |
| Telephone number: |  |
| E-mail address: |  |
| Start doctoral research: |  |
| Expected end of doctoral research: |  |
| Other/previous funding from KHYS, if applicable: |  |

# SUPERVISING PROFESSOR

|  |  |
| --- | --- |
| Form of address (Mr./Ms./Mx.): |  |
| Surname: |  |
| First name: |  |
| Academic title: |  |
| Institute / Division: |  |
| Work address: |  |
| Function, if applicable: |  |
| Telephone number: |  |
| E-mail address: |  |

# Superior within the framework of your employment at KIT (only applicable if she/he is not at the same time the applicant´s supervising professor)

|  |  |
| --- | --- |
| Form of address (Mr./Ms./Mx.): |  |
| Surname: |  |
| First name: |  |
| Academic title: |  |
| Institute / Division: |  |
| Function, if applicable: |  |
| Telephone number: |  |
| E-mail address: |  |

# Doctoral RESEARCH PROJEct

|  |
| --- |
| TITLE/TOPIC OF THE RESEARCH PROJECT |
|  |
| SHORT DESCRIPTION OF YOUR DOCTORAL RESEARCH PROJECT (about 12 lines in layperson’s terms) |
|  |
| CURRENT STATE OF RESEARCH AND SCHEDULE |
|  |

# Scientific EXPERIENCE

|  |
| --- |
| Publications Please only list publications that have already been accepted or published and ensure correct and complete quotation. Only properly cited publications and proceedings are counted; authors (highlight name of applicant in bold), title, journal, page numbers etc. |
| **5.1.1 Publications (peer-reviewed)** |
| **5.1.2 Publications (non-peer-reviewed)** |
| CONGRESSES/CONFERENCES In the following, please list only contributions to scientific conferences/congresses – not colloquia contributions or lectures in the context of other events. |
| **5.2.1 Oral presentations** |
| **5.2.2 Poster** |
| STAYS ABROAD |
| AWARDS SO FAR (e.g. prices, scholarships) |

# PRELIMINARY NETWORKING IDEA

|  |
| --- |
| DETAILS OF THE CONTACT YOU WOULD LIKE TO ESTABLISH WITH THE NETWORKING GRANT (Academic Title, Name, Institution, Department, Field of Expertise) |
|  |
| ROUGH IMPLEMENTATION PLAN (about 12 lines) |
|  |
| BENEFIT OF THE CONTACT FOR YOU AS THE APPLICANT (about 12 lines) |
|  |

# Employment Relationship/Financing

|  |
| --- |
| I will be employed at KIT during the stay abroad:  1. YES  b) NO |
| **7.2 I will have the following financing during the stay abroad:**   1. **Employment contract with KIT, namely**   a position as a scientific employee of KIT or scientific assistant with more than EUR 520/month[[1]](#footnote-1)   1. **Scholarship/other type of funding, namely**   a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_scholarship (EUR \_\_\_\_\_\_/month)  other type (e. g. external employer; please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the scholarship/financing compatible with a possible funding within the framework of the Networking Grant? **Yes,** I have checked the compatibility of my scholarship/financing with funding within the framework of the Networking Grant. I affirm that funding through the Networking Grant is compatible with the conditions of the existing financing respectively does not contradict them.  **No**, the scholarship/financing is not compatible with the Networking Grant. I will interrupt it during the stay abroad. |
| **7.3 Does the funded activity (networking trip) primarily serve the purposes of KIT or your personal (scientific) qualification?**  The journey primarily serves the purposes of KIT.  The journey primarily serves the personal (scientific) qualification of the doctoral researchers.   * Note on **“purposes of KIT”**: This is the case, for example, if the funded activity corresponds to the activity owed by the employment contract at KIT and/or the results of the funded activity are required by KIT. In the case of non-employees of KIT, no funding can be provided if the support serves mainly the purposes of KIT. * Note on **“personal (scientific) qualification”**: In this context, it is possible that KIT may benefit from the funded activity, but this is only a side effect of the funded activity, which primarily serves the further qualification and training or promotion of doctoral researchers. |

# DeCLARATION OF THE APPLICANT

I hereby confirm that the details that I have provided are correct and complete and that I have declared all previous funding I have received by KHYS.

Furthermore, I also confirm that the contact is a new one /the contacts are new ones for me and my KIT working group as indicated in the call for application.

I hereby confirm that I have read and understood the privacy policy for the Networking Grant as of September 25, 2023 ([download KHYS-Website](https://www.khys.kit.edu/english/networking_grant_downloads.php)).

……………………………………………..……. ………….……………………………………………..

Place, date: Hand-written signature of applicant (a digital copy is sufficient)

# Confirmation of the supervising professor

I hereby confirm that the chosen contact person/contact institution seems to be useful for the qualification of the applicant. The new contact is a new one to the applicant and to the KIT working group as indicated in the call for application.

Furthermore, I confirm, that the trip of the above-named applicant funded within the framework of the Networking Grant mainly serves the

## purposes of KIT. her/his personal scientific qualification.

## Information about “Purposes of KIT”: This is the case, for example, if the funded activity corresponds to the activity owed by the employment contract at KIT and/or the results of the funded activity are required by KIT. In the case of non-employees of KIT, no funding can be provided if the support serves mainly the purposes of KIT.

**Information about “Personal scientific qualification”:** In this context, it is possible that KIT may benefit from the funded activity, but this is only a side effect of the funded activity, which primarily serves the further qualification and training or promotion of doctoral researchers.

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Place, date: Hand-written signature of the supervising professor (a digital copy is sufficient)

# Confirmation of the superior (only applicable if she/he is not at the same time the applicant´s supervising professor)

I hereby confirm, that the trip of the above-named applicant funded within the framework of the Networking Grant mainly serves the

## purposes of KIT. her/his personal scientific qualification.

## Information about “Purposes of KIT”: This is the case, for example, if the funded activity corresponds to the activity owed by the employment contract at KIT and/or the results of the funded activity are required by KIT. In the case of non-employees of KIT, no funding can be provided if the support serves mainly the purposes of KIT.

**Information about “Personal scientific qualification”:** In this context, it is possible that KIT may benefit from the funded activity, but this is only a side effect of the funded activity, which primarily serves the further qualification and training or promotion of doctoral researchers.

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Place, date: Hand-written signature of the superior (a digital copy is sufficient)

1. In the case of a “Minijob” at KIT, i.e. a monthly salary of less than EUR 520, simultaneous funding with the Networking Grant is not possible for tax and social insurance reasons. Such employment must be interrupted or increased for all full calendar months of the stay abroad. Alternatively, you can take unpaid leave for the full month(s) of your journey. [↑](#footnote-ref-1)