**Remote Collaboration Program | Application Form**

# Details of the Young Scientist

[ ]  Doctoral researcher [ ]  Postdoc

|  |  |
| --- | --- |
| Form of address (Mr./Ms./Mx.): |  |
| Surname: |  |
| First name: |  |
| Nationality: |  |
| Academic degree: |  |
| Institute: |  |
| Phone number: |  |
| E-mail address: |  |
| Start of doctoral research project: |  |
| (Planned) End of doctorate: |  |
| If applicable: Start of postdoctoral period at KIT (i.e. start date of contract or scholarship) and planned end |  |
| If applicable: Previous postdoctoral period(s) (dates, duration, institution) |  |

# Details of the Supervisor / Superior

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

# RESEARCH PROJEct

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| --- |
| Summary of the doctoral / postdoctoral research project (in layperson’s terms) |
|  |
| Current progress of the doctoral / postdoctoral research project (in layperson’s terms) |
|  |

# Planned Collaboration

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| --- |
| Which partners are involved in the collaboration/network? Since when has the collaboration existed?  |
|  |
| Description of the collaborationWhat is the goal of the collaboration? Why did you choose the collaboration partner(s)? How is the collaboration related to your doctoral or postdoc project? |
|  |

# planned Measures

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| What measures are planned and what are their objectives?  |
|  |
| How will the measures support the above described collaboration/network? In which way(s) will they add a new aspect to the collaboration?  |
|  |
| How do the measures compensate for the current situation with regard to collaborations (i.e. why do you choose remote rather than in-person collaboration)? |
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| Timetable for planned activities |
|  |

# REQUESTED FUNDING

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| --- |
| Funding amountPlease indicate how much funding you apply for. (The maximum sum you can apply for is EUR 3,000.)  |
| Total sum applied for in EUR: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Financial planPlease draw up a financial plan for your activities. The costs that will be funded by the Remote Collaboration Program should be marked. If applicable, please indicate the amount of financial support provided by other sources.  |
|  |

# Signature (YOUNG Scientist)

I hereby confirm that the details provided in this form are correct and that I will notify KHYS immediately of any changes. I acknowledge the conditions mentioned in the call for application document ([download KHYS Website](https://www.khys.kit.edu/english/remote_collaboration_program_downloads.php)).

I also confirm that I acknowledge the Privacy Policy for the Remote Collaboration Program as of May 10, 2021 ([download KHYS Website](https://www.khys.kit.edu/english/remote_collaboration_program_downloads.php)) and agree that KHYS may contact me for evaluation purposes.

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

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

# Signature (SUPERVISOR / SUPERIOR)

I hereby confirm that the details provided in this form are correct and that I will notify KHYS immediately of any changes.

I acknowledge the conditions mentioned in the call for application document ([download KHYS Website](https://www.khys.kit.edu/english/remote_collaboration_program_downloads.php)). In particular, I am aware that to facilitate the processes, the institute will first have to pay the bills and KHYS will then transfer the booking for all accountable expenses to its own accounts. Furthermore, I am aware that the funds are state funds (Landesmittel) and can only cover costs that are billable according to the usual institutional and budgetary provisions.

I also confirm that I acknowledge the Privacy Policy for the Remote Collaboration Program as of May 10, 2021 ([download KHYS Website](https://www.khys.kit.edu/english/remote_collaboration_program_downloads.php)).

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