**Application  
Grant Writing Skills for Early Career Researchers: Remote Learning Workshop**

Please complete this form and attach your CV (no more than 2 pages) to the application

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| **General Information** | | |
| *Title:* | *Date of birth:* | |
| *Surname:* | *First name:* | |
| *DZL Site (ARCN, BREATH, CPC-M, TLRC, UGMLC):* | | |
| *Your responsible DZL Principal Investigator:* | | |
| *E-Mail-Address:* | | |
| **Career Status** | | |
| *Degree course:* | | |
| *Year of Doctorate:* | | |
| *Doctoral subject:* | | |
| *Topic of Dissertation:* | | |
| *Number of first author publications:* | | *Number of co-author publications:* |
| *\*Number of grant applications submitted as principal investigator (funded and non-funded):*  *Intramural:*  *Extramural:*  *Please name any previously funded grant applications and funding body:* | | |
| *\*Number of grant applications submitted as co-named investigator (funded and non-funded):*  *Intramural:*  *Extramural:*  *Please name any previously funded grant applications and funding body:* | | |
| *End date of your current contract?* | | |
| *Current research project:* | | |
| Please send your application as one PDF to:  Dr. Birgit Teucher, DZL Academy Administrator: Birgit.teucher@med.uni-heidelberg.de | | |

\*; for internal information only, it does not affect selection for this workshop

**Letter of Motivation**

1. What are your career goals / aspirations?

2. What would you like to gain from this course?