As of 04 Jul 2024

Ulm University

Office for Gender Equality

[gleichstellungsbeauftragte@uni-ulm.de](mailto:gleichstellungsbeauftragte@uni-ulm.de)

**Financial support programmes for female academics**

|  |  |  |
| --- | --- | --- |
| **Support measure**  (please check) | Project start-up funding (to pay for research assistants, materials and equipment, remuneration of test persons)  Mobility (research visit)  Interdisciplinary qualification (Boost your career!) | |
| Full name of applicant:  Email *(work only)*: |  | |
| Faculty:  Institute/Clinic:  Supervising institution:  (if different) |  | |
| I herewith affirm that the information provided in the following application is true and given in good faith. This project is not simultaneously receiving support through another internal university funding programme. Should this change, I will inform the project coordination immediately. | | |
| Applicant's signature: |  | |
| I herewith affirm that I have read the application submitted to me for signature and endorse the proposed undertaking. | | |
| Academic supervisor | Name | Signature |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| ***Internal remarks project coordination***  ***Application no****.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |
| We endorse the undertaking applied for  We do not endorse the undertaking applied for | | |
| Date |  | Signature |

Application „Financial support programmes for female academics“

**Interdisciplinary Qualification (Boost your career!)**

A measure of the Programme for Women Professors III (PPIII)

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| --- | --- | --- |
| Status of applicant: | Doctoral candidate  Post-doc  Habilitation candidate  Researcher qualified to teach and supervise doctoral/PhD candidates (post-habil)  since: \_\_\_.\_\_\_.\_\_\_\_\_\_  **employed by**  Ulm University  Ulm University Hospital presumably until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(date employment contract ends)*  or:  **scholarship** from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(scholarship provider)*  presumably until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(date scholarship ends)* | |
| Details on career development programme applying for: | Type*:*  Provider:  Date:  City: | |
| Budget *(realistic estimate):* | Betrag in EUR | |
| Registration fee *(EUR 850 max.)* |  |
| Travel expenses *(estimate, EUR 500 max.)* |  |
| **Total amount applying for** *(EUR 1,350 max.)* |  |
| Objective of career development programme applying for  *(Please* ***briefly*** *describe the reason for choosing this specific qualification measure and how it will benefit your personal career development)* |  | |

**Enclosure:**

Quote or programme information from provider