

**IFORES Project funding DFG Resubmission
at the Medical Faculty
of the University Duisburg-Essen**

Project title

Title and name of applicant

Institute/Clinic

Date of submission

Once you have completed this form, please submit it, along with all the necessary documents and appendices, as PDF files, to the following email address: forschungsreferat@uk-essen.de

By submitting your application, you declare your consent to the forwarding of your application and the personal data contained therein to the decision-makers (faculty/research committee members, external reviewers) as well as to the administratively responsible persons of the Research Department.

Formal Information	
Project title	
Date of submission	
Title of applicant	
Name of applicant	
Researcher ID / Scopus	
Marital status, children	
Parental/care times	
Email address/telephone	
Institute/Clinic, chair/working group	
Requested amount (in €)	
Employment (status and, if applicable, fixed term: e.g. research assistant until 12/2026)	

Structure of the application

The structure of the application is predefined.

The planned project must be described on a maximum of 3 pages (Arial 10 pt, line spacing 1.15) (excluding cover sheet, formal information, budget, bibliography and appendices).

The application must include the following contents:

- Initial situation and preparatory work
- Reconsideration letter (address the reviewers' criticism point by point and explain how you assess the criticism and intend to address it. Does the funding help to counter the criticism and, ideally, transform it into added value?)
- Work plan: work packages; milestones; interaction with partners; objectives; timeline; justification of the financial plan items

The following attachments are also part of the application:

- Signed declaration by the applicant (Appendix 1)
- Approvals (Appendix 2)
- Current CV (Appendix 3)
- Publication list (Appendix 4)
- Commitment by the applicant to resubmit the application to the DFG within 15 months of the start of funding (Appendix 5)
- Binding commitment from the institute or clinic management regarding the resources available from the basic equipment for the proposed project (Appendix 6)
- Confirmation from the supervisor regarding the securing of their position for the duration of the project (Appendix 7)

Financial plan

Please note: When providing keywords, please ensure to be as precise as possible. The maximum funding duration for this project is 12 months, with a maximum grant ceiling of €50,000.

When applying for a SHK/WHK position, please be sure to state the exact number of hours per week.

Requested funding period		Months (max. 12 months)	
Start:	End:		
I. Personnel resources			
Name of the position:		Name of the position:	
Job Scope in %:		Job Scope in %:	
Duration of employment (in months):		Duration of employment (in months):	
Pay group:		Pay group:	
Experience level:		Experience level:	
Total costs		Total costs	
II. Material resources			
Resources for consumables			
			€
			€
			€
			€
			€
			€
Travel costs			
			€
			€
			€
Investment (one-off, e.g. for devices)			
			€
			€
			€
Other			
			€
			€
			€
			€
Total amount			€

Appendix 2: Approvals

Have the following approvals been obtained in order to carry out the project?

Theme	yes	no	not applicable
Investigations on humans			
Clinical studies			
Experiments with vertebrates			
Experiments with recombinant DNA			
Research on human embryonic stem cells			
Dual Use of Concern			

Notes (for each 'yes' please provide further information on the authorizations):

Information pursuant to Article 13 GDPR (General Data Protection Regulation)

We give great importance to the protection of your data.

In accordance with Art. 13 GDPR, we therefore inform you about the processing of the personal data provided by you as part of the application process.

1. Which data/data types are specifically affected?

You provide us with the following personal data as part of your application:

1. personal data (e.g. first name, surname, date of birth)
2. contact details (e.g. address, telephone number, e-mail address)
3. information on training
4. information on the current employment relationship

2. Processing Purposes

The personal data provided to us will be used exclusively for your application within the framework of IFORES Resubmission DFG at the Medical Faculty of the University of Duisburg-Essen.

3. Legal Basis for Processing

The legal basis for processing is Art. 6 para. 1 lit. b) GDPR, § 26 BDSG, § 18 DSG NRW.

4. Recipients and Disclosure of Your Data to Third Parties

Within the Medical Faculty, your personal data will only be received by the persons and bodies responsible for the specific application procedure. Insofar as responsible bodies of the University of Duisburg-Essen are to be involved in the application process due to legal requirements, your data will be passed on.

As part of the processing, your data may also be transferred to public bodies that must receive your data due to legal regulations and, if necessary, to external companies (e.g. financial institutions for processing payments to you).

5. Transfer of Personal Data to a Third Country

We do not transfer any personal data to third countries.

6. Duration of Storage / Criteria for Determining the Storage Period and Deletion

We store your data for a period of 5 years, subject to revocation. Once your data is no longer required for the defined purposes, it will be deleted.

7. Information on the Rights of Data Subjects

In accordance with Art. 13 § 2 b) GDP you have the right to

1. Information (Art. 15 GDPR and § 34 BDSG)
2. Rectification (Art. 16 GDPR)
3. Deletion (Art. 17 GDPR and section 35 BDSG)
4. Restriction of processing (Art. 18 GDPR)
5. Objection to unreasonable data processing (Art. 21 GDPR and section 36 BDSG)

In case you would like to exercise any of these rights, please contact the data protection officer at University Hospital Essen.

8. Complaint to the Supervisory Authority

You also have the right to lodge a complaint with the supervisory authority:

State Commissioner for Data Protection and Freedom of Information North Rhine-Westphalia
P.O. Box 20 04 44
40102 Düsseldorf
Phone: 0211 38424-0

9. Name, Contact Details of the Controller

The controller is responsible for the processing of personal data:

University Hospital Essen AöR
Hufelandstr. 55
45147 Essen, Germany
Phone: +49 (0)201 723-0

10. Contact Details of the Data Protection Officer

University Hospital Essen AöR
Data Protection Officer
Hufelandstr. 55
45147 Essen
Phone: 0201 723-0
Email: datenschutz@uk-essen.de