**Application for a**

**Cloëtta Medical Research Position**

**Call 2024**

1. **Applicant**

Last name, First name

Nationality

Academic degree

Current position

Swiss home institution incl. address

Office Tel Number

Office E-Mail

Home Address

Mobile Tel Number

Home E-Mail

Date of birth

Marital status

Children (incl. date of birth)

**2. Studies**

|  |  |  |
| --- | --- | --- |
| University | Faculty | Diplomas (degree & date) |
|       |       |       |
|       |       |       |
|       |       |       |

**3. Previous Professional Activities**

**4. Planned Work during the Cloëtta Research Position**

1. Place of work and responsible person:
2. Premises, infrastructure, members of staff provided by the institute/clinic:

1. Title and Short summary of the project:
2. Current state of research in this field:

1. Former research of the applicant in this field:

1. Short summary of your research plan:

1. Relevance of the expected results:

1. If applicable, share %s on 1) clinical research & teaching and 2) clinical activity

**5. Other funding sources** (already received and present)**:**

|  |  |  |
| --- | --- | --- |
| Donor | From | Until |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

1. **Parallel funding applications**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Rejected | Pending | Expected date of decision | Amount applied for |
|       | [ ]  | [ ]  |       |       |
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1. **Short explanatory statement for your application**
2. **Finances**
The salary should be equivalent to the level of a local assistant professorship or an equivalent position. The remittances shall be made by the Foundation on an annual basis to the administration of the University, Clinic, or Institute the beneficiary works for. The administration in charge of finances will then pay salary, expenses, social security contributions, insurance etc.

The undersigned acknowledges herewith to have taken duly note of the guidelines laid down for Cloëtta posts for medical research.

*Place and date*:
Signature of Applicant

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Confirmation of the Director of the University, Clinic, or Institute:**
I confirm herewith that the present application has my full support and that I have taken duly note of the guidelines laid down for Cloëtta posts for medical research.

*Place and date*:
Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print name:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enclosures**:

* CV & 5-10 most important publications
* Detailed project description and research plan (10-20 pages incl. references)
* Letter of reference of the Director of the University, Clinic, or Institute