**The complete application form must be submitted by E-mail to horos@i-med.ac.at and one paper copy with original signatures must be sent by mail to:**

**HOROS, Department of Hygiene and Medical Microbiology, Innsbruck Medical University  
Schöpfstrasse 41, A-6020 Innsbruck, Austria**

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| A: General Information | | | | | | | | | |
| Applicant | | | | | | | | | |
| Title: | | First (given) name: | | | | Last (family) name: | | | |
| Age: | | Date of birth (dd/mm/yyyy): | | | | Nationality: | | | |
| Gender: | | Family status: | | | | Number of children: | | | |
| E-Mail: | | | | | Phone number: | | | Fax number: | |
| Native language: | | | | | English language: | | | German language[[1]](#footnote-1): | |
|  | | | | | | | | | |
| Field of degree: | | | | | | | | | |
| Degree (highest): | | | | Subject/field: | | | | | Date issued (dd/mm/yyyy): |
| Degree (other): | | | | Subject/field: | | | | | Date issued (dd/mm/yyyy): |
|  | | | | | | | | | |
| Application for project: *(application for up to 2 projects possible, descriptions at www.horos.at)* | | | | | | | | | |
| *First choice[[2]](#footnote-2)* | | | | | | | | | |
| Project number: | Project title: | | | | | | | | Project leader: |
| *Second choice* | | | | | | | | | |
| Project number: | Project title: | | | | | | | | Project leader: |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Declaration/Signature: | | | | | | | | | |
| By checking this box and by signing the hard copy below, I certify that the information submitted for this proposal is accurate and complete and that I hold all original signatures required. I understand that any false declaration or incomplete information will lead to the rejection of my proposal or termination of a contract. | | | | | | | | | |
| Date signed: (dd/mm/yyyy) | | | Name (typed): | | | | Signature: | | |

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| B: Applicant | | | | | |
| Home address: | | | | | |
| First (given) name: | | Last (family) name: | | | |
| Street, number: | | | | | |
| Postal code: | City / Province: | | | Country: | |
|  | | | | | |
| Institutional address: | | | | | |
| Institution: | | | | | |
| Department: | | | | | |
| Street, number: | | | | | |
| Postal code: | City / Province: | | | Country: | |
|  | | | | | |
| Education: (*beginning with most recent*) | | | | | |
| Current occupation (if other than pre-doctoral studies): | | | | | Starting date (mm/yyyy): |
| Institution / company: | | | | | Ending date (mm/yyyy): |
| Comments | | | | | |
|  | | | | | |
| Pre-doctoral studies (subject): | | | Degree: | | Date issued (dd/mm/yyyy): |
| Institution: | | | | | Starting date (mm/yyyy): |
| Comments | | | | | |
|  | | | | | |
| Undergraduate studies (subject): | | | Degree: | | Date issued (dd/mm/yyyy): |
| Institution: | | | | | Starting date (mm/yyyy): |
| Comments | | | | | |
|  | | | | | |
| High school: | | | | | Graduation date: |
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| How did you hear about HOROS? |

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| C1: Chosen projects *(project descriptions at www.horos.at)* | | |
| Applicant: | Name: | |
| *First choice* | | |
| Project number: | Project title: | Project leader: |
| Explain your reasons for choosing this project and your expectations from doing your PhD work in the selected laboratory (max 1500 characters): | | |
| List your existing qualifications for this project  (e.g. : recombinant DNA work, immunofluorescence labeling, mammalian cell culture) | | How was this qualification acquired? |
| Have you previously been working in the project leader’s laboratory? Yes  No  If yes, how long? | | |
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| C2: Chosen projects *(project descriptions www.horos.at)* | | |
| Applicant: | Name: | |
| *Second choice* | | |
| Project number: | Project title: | Project leader: |
| Explain your reasons for choosing this project and your expectations from doing your PhD work in the selected laboratory (max 1500 characters): | | |
| List your existing qualifications for this project  (e.g. : recombinant DNA work, immunofluorescence labeling, mammalian cell culture) | | How was this qualification acquired? |
| Have you previously been working in the project leader’s laboratory? Yes  No  If yes, how long? | | |
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| --- | --- |
| D: Additional qualifications and Information *(optional, you don’t have to fill this out)* | |
| Applicant: | Name: |
|  | |
| Further relevant qualifications (Publications, meeting presentations, special courses, work experience, test scores, awards, honors…etc.): | |
| Personal interests (Hobbies, sports, memberships…etc.): | |
| Your comments and other relevant information: | |

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| E: Referees | | | | | | | | | |
| Applicant: | | Name: | | | | | | | |
| Names and addresses of two experienced scientist who can evaluate your qualification for this graduate research training: *(!!! Get their consent before entering their names – we will contact them directly.)* | | | | | | | | | |
| *First referee* | | | | | | | | | |
| Title: | First (given) name: | | | | | Last (family) name: | | | |
| Position: | | | | | | Relation to applicant (e.g. master’s thesis advisor, lecturer…): | | | |
| Institution: | | | | | | | | | |
| Department: | | | | | | | | | |
| Street, number: | | | | | | | | | |
| Postal code: | City / Provinc | | | | | | | | Country: |
| E-Mail: | | | | | Phone number: | | | Fax number: | |
| *Second referee* | | | | | | | | | |
| Title: | | | First (given) name: | | | Last (family) name: | | | |
| Position: | | | | | | Relation to applicant (e.g. master’s thesis advisor, teacher…): | | | |
| Institution: | | | | | | | | | |
| Department: | | | | | | | | | |
| Street, number: | | | | | | | | | |
| Postal code: | City / Province: | | | | | | | | Country: |
| E-Mail: | | | | | Phone number: | | | Fax number: | |
|  | | | | | | | | | |
| F: Declaration/Signature: | | | | | | | | | |
| By checking this box and by signing below, I certify that I have informed both referees listed above and that they have agreed to fill out an evaluation as requested by the HOROS office. | | | | | | | | | |
| Date signed (dd/mm/yyyy): | | | | Applicant’s name (typed): | | | Applicant’s signature: | | |

**Submit the complete application form by email to horos@i-med.ac.at and send a paper copy with the original signature and a photograph of the applicant to:**

**HOROS, Department of Hygiene and Medical Microbiology, Innsbruck Medical University  
Schöpfstraße 41, A-6020 Innsbruck, Austria**

1. no requirement [↑](#footnote-ref-1)
2. each applicant must apply for one or two of the specific thesis projects. The choice has to match the applicant’s qualifications and needs to be justified in part C. [↑](#footnote-ref-2)