**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)