Application Form

DKMS Scholarship for Medical and Non-Medical Personnel from LMICs in the Field of Hematology and Hematopoietic Stem Cell Transplantation

Note: Please refer to the Funding Guidelines for the DKMS Scholarship, available on the DKMS Professionals' Platform, before filling in the Application Form. The definitions laid out in the Funding Guidelines equally apply to the Application Form.

PERSONAL DETAILS

Surname:

First name:

Title:

Phone:

E-Mail:

Address:

Country of residence:

Profession:
(specialization, if applicable)

APPLICATION DETAILS

Which Funding Line do you apply for?
(Definition of Funding Lines can be found in the Funding Guidelines)

Please select

Have you applied for the DKMS Scholarship before?

Please select

If 'yes', when?

MOTIVATION

What is your motivation to participate in the Program (i.e. Course and/or Observership)?

COURSE INFORMATION - only for Funding Lines A and B

Name and address of the Course Provider:

Course name:

Weblink to online Course description and/ or Course Provider:

Short description of the Course content:

Does the Course constitute compulsory further training of your employer?

Please select

Does the Course require a temporary absence from your permanent place of residence?

Please select

Only if a relocation abroad is required: Do you need a visa?

Please select

If 'yes', please specify status of application:

Course details:

Overall duration:

Full time or part time: Please select

Weekly commitment in hours:

Potential start date:

Potential end date:

Current status of application:

Course fees:

Course format: Please select

OBSERVERSHIP - only for Funding Lines A and C

Name and address of the Training Center for the Observership:

Weblink to the Training Center:

Short description of the Observership content:

Do you have an agreement with the host institution?

Please select

Does the Observership require a temporary absence from your permanent place of residence?

Please select

Only if relocation abroad is required: Do you need a visa?

Please select

If 'yes', please specify status of application:

Observership details:

Overall duration:

Full time or part time: Please select

Weekly commitment in hours:

Potential start date:

Potential end date:

Current status of application:

CURRENT EMPLOYMENT

Name and address of current employer:

Current department and position:

Weekly working time as per your contract with your current employer in hours:

Anticipated weekly working time with your current employer during the Program in hours:

FINANCES

Will you continue to receive a salary during the Program?

Please select

Anticipated salary during the Program (per month):

Will you receive any financial compensation (for rent, food, travel, etc.) from the Training Center? (*Funding Lines A and C only*)

Please select

If 'yes', please specify:

Did you apply for or will you receive any other donations, grants or financial support?

Please select

If 'yes', please specify the anticipated amount of financial support and the source of the support:

REQUESTED SUPPORT

With this application, I apply for support for the following cost type(s) according to the Funding Guidelines. Please only tick the applicable

Training costs

- ☐ Course fees
- ☐ Educational material

Travel costs

- ☐ Costs for flight, train and/or bus
- ☐ Visa costs
- ☐ Domestic or foreign health insurance
- ☐ Professional liability insurance (if required by Training Center)
- ☐ Professional accident insurance (if required by Training Center)

Living expenses

- ☐ Accommodation allowance for the **temporary** place of residence (if relocation is required)
- ☐ Accommodation allowance for the **permanent** place of residence
- ☐ Lump-sum for living expenses (for food, hygiene articles and supplies)

Other costs

- ☐ Travel allowance for monthly public transport
- ☐ Proof of language proficiency (if required for participation in the Program)

PERMANENTLY ACCOMPANYING RELATIVES

Only if temporary absence from permanent place of residence is required:

Are you planning on bringing (a) child(ren)?

Please select

If ‘yes’, please specify number and age of children:

If 'yes', please explain why your child(ren) need(s) to accompany you:

Are you planning on bringing one other person with an educational function with you?

Please select

If ‘yes’, please specify:

Do the accompanying relatives need a visa?

Please select

If 'yes', please specify status of application:

APPLICATION DOCUMENTS

Together with this application form, I have attached the following documents:

- ☐ Signed declaration form (mandatory)
- ☐ For **Course**: proof of Course application or registration
- ☐ For **Observership**: (preliminary) agreement with the Training Center
- ☐ Other

If ‘other’, please specify:

CONTACT

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