

## 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)

Have you applied for the DKMS Scholarship before?

If yes, when?

### MOTIVATION

What is your motivation to take part 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 content:

Overall duration:

Full time or part time:

Weekly commitment in hours:

Potential start date:

Potential ending date:

Current status of application:

Course fees:

Will the course be online, on-site or hybrid?

Does the course constitute compulsory further training of your employer?

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

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

If 'yes', please specify status of application:

## **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:

Overall duration of the Observership:

Full time or part time:

Weekly commitment (hours):

Potential start:

Potential ending:

Do you have an agreement with the host institution?

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

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

If 'yes', please specify 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 (hours):

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

## FINANCES

Will you continue to receive your salary during the Program?

If 'adjusted salary', please specify:

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

If yes, please specify:

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

If yes, please specify:

With this application, I apply for support for support for the following cost type(s) according to the Funding Guidelines:

Training costs

Travel costs

Living expenses

Other costs

## **PERMANENTLY ACCOMPANYING RELATIVES**

Only if temporary move from permanent place of residence is required: Are you planning on bringing (a) child(ren) and one other person with an educational function with you?

If "yes", please specify number of children:

Do the accompanying relatives need a visa?

If 'yes', please specify status of application:

## **APPLICATION DOCUMENTS**

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

Signed consent form (mandatory)

Other

If 'other', please specify: