



# RESEARCH FELLOW Application Form

With prior consent of the respective Med Uni Vienna unit and depending on country of origin along with associated legal requirements, the approval process of your Fellowship might take up to 6 months. Hence, please submit this form duly completed to: [fellow-postgraduate@meduniwien.ac.at](mailto:fellow-postgraduate@meduniwien.ac.at)

Further documents (according to page 4) are to be transmitted upon availability but at the latest 4 months (unless otherwise indicated) prior to your intended Fellowship commencement. For any further assistance in view of your Fellowship approval do not hesitate to contact us!

Please note that in the course of text the term Med Uni Vienna is the abbreviation for Medical University of Vienna.

## 1. Personal data

Surname:			
Given name:			
Academic title:			
Date of birth:			
Gender:			
Passport number:		Date of expiry:	
Nationality:			
Marital status:	single <input type="checkbox"/>	married <input type="checkbox"/>	others <input type="checkbox"/>
Children:			
Permanent address:			
E-mail address & phone number:			
Native language:			
Languages spoken: <b>Adequate language skills in either English or German are compulsory!</b>			
Highest academic degree awarded: <b>Depending on country of origin an authentication might be mandatory!</b>			



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Do you suffer from any infectious diseases?

Yes

No

Emergency contact person & phone number (e.g. parents, spouse etc.):

Name and address of your home institution/university/entity including contact details of legal representative:

(In a further step this data will apply for the cooperation agreement.)

Surname & academic title:

Given name:

Function:

E-mail address:

Name & address of your home institution/university/entity:



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## 2. Specific contact details of the respective Med Uni Vienna unit you have approached for your intended Fellowship:

Department/unit and contact person approached: **Letter of intent is compulsory!**

Intended period of time of your Fellowship: **min. 3 to max. 12 months!**

From:

Till:

## 3. Financing of Fellowship

**Med Uni Vienna is not liable for any financial support or some sort of compensation in relation to the Fellowship. Participating in the programme implies financial support guaranteed by cooperation agreement!**

**If financing is funded by an official grant (government, scientific and/or medical society) please submit corresponding documentation. CAVE! Personal grants for costs of living are excluded!**

Your home institution/university/entity guarantees your current and continuous employment (monthly salary incorporated) throughout the duration of your Fellowship programme at the Med Uni Vienna.

Consequently a **cooperation agreement** will be issued, once all necessary requirements have been fulfilled.

Subsequently a **health and accident insurance** throughout the whole Fellowship period is mandatory and has to include an overall coverage without any exclusions of at least Euro 30.000,00!

Insurance policy has to be issued in English, terms & conditions incorporated and insurance sum quoted in Euro.

Please indicate contact details for addressing processing fee (postal mail address and e-mail address):



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## 4. **Enclosures:** Following documents resp. data (only PDF-format accepted!) are compulsory:

- Letter of Intent (will be issued by respective unit of Med Uni Vienna, provided Fellowship will be supported)
- Application Form filled-in and signed
- CV with personal/professional data (plus photo)
- Copy Passport (page stating name, photo and date of birth)
- Copy valid Visa or Residence Permit
- Proof of Qualification: Master level required!
  - Copy highest Academic Degree (English or German translation mandatory, and eventually authentication depending on country of origin)
- Recent (issue date not older than 3 months prior to Fellowship commencement) Criminal Record (English or German translation mandatory)
- Health and Accident Insurance throughout whole Fellowship period including overall coverage without any exclusions of at least € 30.000,00! The policy has to be issued in English or German, terms & conditions incorporated and insurance sum to be quoted in Euro!
- Antibody test results (HIV, Hep A/B/C, Rubella, Measles, Mumps, TB): Issue date not older than 3 months prior to Fellowship commencement, incl. English/German translation!
- Proof of Language Skills either English or German

Further documents might be due during application process and will be requested on demand!

Please note that only official translations either by issuer of the original or translation bureau will be accepted.



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I confirm that I am responsible for obtaining my own visa and other necessary travel documents, immunisations and other requirements as stipulated by the government of Austria.

I will sign an agreement stating the terms and conditions of my stay at the Medical University of Vienna upon arrival.

I confirm that all travelling, living and housing expenses are not paid for by the Medical University of Vienna and that the Medical University of Vienna neither pays a salary nor grants any other kind of compensation.

The Austrian Maternity Protection Act, Federal Law Gazette no. 221/1979, provides several prohibitions of employing pregnant women as well as prohibitions of employing after childbirth.

For example, Section 4, Para 3 states that pregnant employees must not perform any work where they are exposed to special risks of accident considering their pregnancy.

I confirm that due to these legal maternity protection requirements and the tasks, typically carried out at certain Departments, I might not be able to carry out any work at designated Departments in case of pregnancy or recent confinement.

I confirm that I am not allowed to take part in routine operations or stand-by duty and that I am not allowed to work with patients.

I confirm that this application is no legal entitlement to participate in the Research Fellowship Programme and that the consideration of my application is subject to the fulfillment of the necessary professional qualifications and legal requirements.

I confirm that in case of an affirmative notification I will have to pay a processing fee of EUR 700,00 (EUR seven hundred).

I confirm that I do not suffer from any infectious diseases. I understand that I will have to undergo a medical examination after my arrival in Vienna to ensure patient safety.

Herewith I confirm with my signature the accuracy and completeness of the information I have provided above. In order to ensure that my data remains up to date, I will notify the Medical University of Vienna of any changes referring to this application immediately.

.....  
date and signature applicant (handwritten)