



# Application Form

## Equality Grant for Doctoral Candidates

Please fill in the form electronically!

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### Area of Support

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Family Commitments

Disability

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### Collaborative research network

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I am a member of a collaborative research network: no  yes

If yes, which one? \_\_\_\_\_

Please submit your application to your managing director and send the documents electronically to Dr. Karin Süß ([genderconsulting@pvw.tu-darmstadt.de](mailto:genderconsulting@pvw.tu-darmstadt.de))

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### Period of research relevant activity

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From \_\_\_\_\_ Until \_\_\_\_\_

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### Title and Description of research relevant activity

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Please submit a written proof of your research relevant activity (e.g. programme of the conference, invitation of a research stay).

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### Aim and Motivation for research relevant activity

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**Description of Situation during research relevant activity and - if applicable - involved persons like partner, babysitter**

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**Additional costs**

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Amount of additional costs: \_\_\_\_\_

Use of Equality Grant: \_\_\_\_\_

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**Please submit a detailed cost estimation with your proposal.**

**Hereby I reassure that I do not receive other funding for the above mentioned additional costs from another funding organisation:**

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Date

Signature

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**Personal Information**

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Form of address     Ms.             Mr.            Academic degree    \_\_\_\_\_

First name                    \_\_\_\_\_            Last name            \_\_\_\_\_

Nationality                    \_\_\_\_\_            Birthday            \_\_\_\_\_

Single parent             Yes             No

Children (Number and Age) \_\_\_\_\_

\_\_\_\_\_

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**Contact Data**

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Street                    \_\_\_\_\_

ZIP code                    \_\_\_\_\_ City \_\_\_\_\_

Country                    \_\_\_\_\_

E-mail address            \_\_\_\_\_

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**Academic Career**

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Highest Degree (Diploma, Master, ...): \_\_\_\_\_

Date: \_\_\_\_\_

University, Country: \_\_\_\_\_

Subject(s): \_\_\_\_\_

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**Doctoral Studies**

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Start: \_\_\_\_\_

Topic of dissertation: \_\_\_\_\_

\_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Date of Acceptance as a doctoral candidate by the Department:** \_\_\_\_\_

Expected date of completion of dissertation: \_\_\_\_\_