

**CMMC Career Advancement Program (CAP)**

**Funding Instrument of the Center for Molecular Medicine Cologne**

**CAP Application 2020**

**Template for Career Advancement Program Application**

Please find here: Information on eligibility requirements for CAP funding and the criteria in the evaluation process:  
<https://www.cmmc-uni-koeln.de/research/career-advancement-groups/call-for-cap-applications>

**Part 1 (project application) and part 2 (CV and publication record)**

Please follow the instructions. The red text is for your assistance only, please delete the text and **this page!**

**Please note:   
Part 1: project application): Point 1 to 5 of your research application should not exceed 5 pages**

**Part 2: the CV-part should not exceed 2 pages**

|  |  |
| --- | --- |
| Font | Calibri |
| Font size | 11 pt. – if not otherwise indicated |
| Left and right margins | 2.5 cm (important for double-sided printing) |
| Upper and lower margins | 2.0 cm |
| Header and Footer | 1.3 cm |
| Line Spacing | 1.2 – if not otherwise indicated |
| Alignment | Justification |
| Page no. | First page – page no.1 |

Please send the completed CAP application (part 1 and 2) by e-mail as PDF-document including the signature of the applicant, and in addition as a Word-document to the following e-mail addresses:

[cmmc-office@uni-koeln.de](mailto:cmmc-office@uni-koeln.de) and [debora.grosskopf-kroiher@uni-koeln.de](mailto:debora.grosskopf-kroiher@uni-koeln.de)

Please get in contact with us, if you do not receive an e-mail from the CMMC-Office confirming the successful submission of your application for the CAP Program.

Submission deadline: January 04, 2021

Nov. 19,2020

**Career Advancement Program Application**

**Part 1**

## Applicant Address

|  |  |
| --- | --- |
| family name, first name, acad. title | institution and address |
| phone: 0221 47x xxxx  fax : 0221 47x xxxx | e-mail: |
| **Employment status information:** |  |

**Abstract (English)**

|  |
| --- |
| Text (Calibri 11 pt., 1.0 Spacing)  **1800 characters including spacing** |

**Short statement about clinical/medical relevance and rationale including translational aspects  
and sustainability in disease understanding**

|  |
| --- |
| Text (Calibri 11 pt., 1.0 Spacing)  **500 characters including spaces** |

**Integration of the research proposal in the research areas of the CMMC**

|  |  |
| --- | --- |
| A) Mechanisms of tumor development: intrinsic and extrinsic control of cell  proliferation and tissue invasion | x |
| B) Principles of immunity, inflammation and infection | x |
| C) Molecular mechanisms and metabolic control of tissue degeneration and  regeneration | x |

**1. Summary of your research interest**

**(app. 15 lines / Calibri 11 pt., line spacing 1.2)**

**2. Description of the research question and the significance for the advancement of the research field including the own previous work of relevance and clinical relevance**

**(Calibri 11 pt., line spacing 1.2)**

This description should make clear in which context you situate your own research and in which areas you intend to make a unique, innovative and promising contribution.

**3. Aims and work program including the research methods for the next five years**

**(Calibri 11 pt., line spacing 1.2)**

**4. References**

List of all publications that are cited in the CAP application; please indicate in bold your own project-related publications.

**Calibri 11 pt., line spacing 1.0**

Probe P, Sample S, **Muster M:**

Title of the publication. Name of the journal (year); vol: pages

List further publications in the same format.

**5. Motivation for filing this CAP application including your future career plan**

**(Calibri 11 pt., line spacing 1.0)**

## 6. Cooperation with other researchers

## List existing or planned co-operations with CMMC researchers:

Principal investigator: Name

Goal of the cooperation: (max. 3 lines)

Repeat information if collaborating with more than one group.

**7. Third party funding**

**Principal investigator:**

**Funding agency:**

Grant no.:

Title of the project:

Funding period:

Text (Calibri 11 pt., line spacing 1.0)

List your complete past and present external funding in the same format.

**8. Technological Transfer Activities / Patents**

Please include here

**9. Composition of your research group**

**9.1 Your own position**

Provided by which institution, name of the chair and for how long

**9.2 Present members of your group and the planned further development**

Please state each person’s name, academic title, employment status, and type of funding (e.g. paid by your home institution or paid by other third-party funding including fellowships)

**10. Application for laboratory space in the CMMC Research Building and scientific instrumentation**

Text (Calibri 11 pt., line spacing 1.0)

*Please note: Due to the current tight space situation in the CMMC Research Building, it is not possible to provide lab and office space to new CAP groups. This situation will change when the new research buildings on the Medical Campus will open. However, we would like to ask if you are interested in laboratory space in the CMMC Research Building.*

Please state each person’s name, academic title, employment status, and type of funding (e.g paid by your home institution or paid by other third-party funding including fellowships), who will move with you into the CMMC Research Building.

**10.1 Do you require a specific laboratory set-up for some experiments?**

10.2 Equipment that can be transferred to the CMMC Research Building

**11. Access to following scientific instrumentation or core facility is of importance**

Please list scientific instruments or core facilities - Text (Calibri 11 pt., line spacing 1.0)

**12. Investigations requiring permits**

**12.1 Studies involving humans or human material**

|  |  |
| --- | --- |
| Yes or no | no studies involving humans or human material |
| Yes or no | studies involving humans or human material  request no. xxxxxxxx and date: xxxxxx, |
| Yes or no | application for an „Ethikvotum” is in preparation. |

**12.2 Studies require the work with genetically modified organisms (GMOs)**

**Please indicate which level(s): S1, S2, S3**

**13. Involvement into scientific training until present**

**13.1 Completed dissertations under own supervision**

(Dr. rer. nat. / Dr. nat. med. / Dr. med. / Master)

Family name, name: Title of the dissertation. Completed in month, year, awarded academic degree.

**13.2 Ongoing dissertations under own supervision**

(Dr. rer. nat. / Dr. nat. med. / Dr. med. / Master)

Family name, name: Title of the dissertation, since month, year.

Please name the doctoral program, if applicable

**13.3 Lectures / Workshops / Seminars**

With regard to educational training of students (undergraduates and graduates) please list all lectures, workshops and/or seminars, which have been provided by you and/or in which you have been involved as well as planned future activities.

**14. not applicable at the moment - Official confirmation of the director of your institution**

Please enclose the official confirmation of the chair of a clinical department or institute, who is responsible for your employment and your other staff members, that your research group is able to move into lab spaces provided by your respective home institution after the completion of the CAP period.

Part 2

# 1. Curriculum Vitae

Please include here

**2. Publications**

Please list the eight most important publications until present

- peer reviewed journals, impact factor > 1

Calibri 11 pt., line spacing 1.0, name of the principal investigator in bold

Probe P, Sample S, **Muster M**:

Title of the publication. Name of the journal (year); vol: pages

List further publications in the same format

**3. Awards and Memberships**

Please include here