**Nomination by the Home Institution**

Only for individual PhD applications[[1]](#footnote-1) | 10th Call 2023

This form may only be filled in by the by the person in charge to make personnel recruitment decisions  
at the home institution (e.g. human resource manager).

|  |
| --- |
| Institutional Information |

|  |  |
| --- | --- |
| **A.1. Institution** | |
| Name of the institution |  |
| Legal status (i.e. public university) |  |
| Postal address |  |
| City, country |  |
| E-mail, website |  |

|  |  |
| --- | --- |
| **A.2. Name of the undersigned** (by the person in charge to make personnel recruitment decisions at the home institution (e.g. human resource manager) | |
| Form of address | Ms.  / Mr. |
| Academic title |  |
| First name |  |
| Last name |  |
| Department / Institute |  |
| Office adress |  |
| Postal code, city |  |
| Country |  |
| Email address |  |
| Telephone number |  |

|  |
| --- |
| Information about the scholarship application |

|  |  |
| --- | --- |
| **B.1. Name of the applicant** | |
| Form of address | Ms.  / Mr. |
| Academic title |  |
| First name |  |
| Last name |  |
| Department / Institute |  |
| Office adress |  |
| Postal code, city |  |
| Country |  |
| Email address |  |
| Telephone number |  |

|  |  |
| --- | --- |
| **B.2. PhD Proposal** | |
| Title of PhD proposal |  |

|  |
| --- |
| **Please describe how the** **proposed topic is in line with the training curriculum of your institution?** |

|  |
| --- |
| C. Information about the scholarship application |

**Was there any cooperation between the applicant’s institution and the institution before?**

|  |  |
| --- | --- |
| YES | NO |

|  |  |
| --- | --- |
| **If yes, please name the respective institution(s) and describe shortly the cooperation.** | |
| Name of Austrian institution |  |
| Type of cooperation |  |
| Duration of cooperation |  |
| Name of Austrian institution |  |
| Contact person at Austrian institution |  |

Please copy and paste the above tables, if necessary, in order to include details of all other partners.

|  |
| --- |
| D. Confirmation and data privacy |

**In the name of our institution, I hereby confirm that:**

|  |  |
| --- | --- |
| 1. The applicant named above is currently employed at our institution. | YES  / NO |
| 1. He / She will be re-employed after the completion of his / her studies in Austria. | YES  / NO |
| 1. Our institution supports the proposed topic (see application form) for his/her studies in Austria. | YES  / NO |

|  |  |
| --- | --- |
| 1. We certify that we will support the applicant within his / her field studies as follows: | |
| **Technical support / Research assistance** | YES  / NO |
| Specific information | |
| **Infrastructural support** | YES  / NO |
| Specific information | |
| **Financial support** | YES  / NO |
| Specific information | |

I, the undersigned, herewith certify that all the information provided on the application form is correct. I agree to inform the APPEAR office immediately of any changes or additions to the statements submitted.

**Data privacy:**

I acknowledge and agree, that the OeAD as responsible controller in accordance with the provisions of the EU General Data Protection Regulation (GDPR) is entitled to record and process the personal data made available in the application for the purpose of application examination and evaluation moreover for the performance of legally delegated tasks of the selection process, its documentation and for monitoring purposes.

Especially it may be possible that personal data made available in the application may be forwarded to

* the bodies and officials of the Audit Court of the Republic of Austria (especially in accordance with the Audit Court Act 1948, BGBl Nr. 144/1948, as amended from time to time), of the Austrian Federal Ministry of Finance (especially in accordance with the Federal Budget Act 2013, BGBl Nr. 139/2009, as amended from time to time) and the organs of the EU as well as to other support organisations upon request and insofar as this is necessary for their coordination activities
* to the competent offices of the Austrian Development Cooperation (ADC), to the Austrian Development Agency (ADA) including the persons and organisations working in developing countries in the framework of the ADC and to the Austrian Federal Ministry for Foreign Affairs (BMEIA).

More information on the OeAD privacy policy, data submission and your rights can be found [here](https://oead.at/en/privacy-policy/).

Name of the undersigned:

Signature:

Date and location:

1. See guidelines section 10.4. [↑](#footnote-ref-1)