



– Landesgraduiertenförderung Program –

Information required for the receipt of an INDIVIDUAL FELLOWSHIP or a COMPLETION GRANT

Technical information for completing this form:

Please save this PDF on your computer **both before and after** filling it out in order to ensure that your data is transferred correctly.

Mac OS users: Please use the [Adobe Reader for Macintosh](#) rather than the integrated Mac OS Preview. Using the Preview may cause your data to be incorrectly displayed in Windows.

Contact:

Please submit this form with the necessary documentation by postal mail to the Graduate Academy:

Graduiertenakademie Universität Heidelberg – Im Neuenheimer Feld 370 – 69120 Heidelberg

If you have questions, please contact the team of the LGF program: ga-lgf@uni-heidelberg.de

1. TYPE OF LGF FUNDING

The following information pertains to the receipt of

an **individual fellowship** a **completion grant**

2. PERSONAL INFORMATION

Last name: _____ First name: _____

Street address, No.: _____ Postal code, City: _____

Email: _____ LGF identification number (if applicable): _____

3. PAYMENT OF THE LGF FUNDING

3.1 Bank account information

Account holder: _____ Bank: _____

SWIFT/BIC: _____ IBAN: _____

3.2 Information about employment at Heidelberg University while receiving the funding¹

a) I am an employee of Heidelberg University or am related to Yes → go to b) No
an employee at Heidelberg University

b) Please enter the 8-digit LBV personnel number of the employee
this refers to the first 8 digits of the "Personalnummer" (before the slash)

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4. YOUR DOCTORAL STUDIES FUNDING

4.1 Information about fellowships

a) Have you already received a fellowship to fund your doctoral studies?

No Yes → From which organization?

1. _____

from: _____ to: _____ Amount: _____ EUR/month
DD.MM.YYYY DD.MM.YYYY

2. _____

from: _____ to: _____ Amount: _____ EUR/month
DD.MM.YYYY DD.MM.YYYY

3. _____

from: _____ to: _____ Amount: _____ EUR/month
DD.MM.YYYY DD.MM.YYYY

b) Will you be receiving additional funding from another source during the period of your LGF funding?

No Yes → From which organization?

1. _____

from: _____ to: _____ Amount: _____ EUR/month
DD.MM.YYYY DD.MM.YYYY

2. _____

from: _____ to: _____ Amount: _____ EUR/month
DD.MM.YYYY DD.MM.YYYY

4.2 Information about employment at Heidelberg University (Multiple answers possible)

a) I am **not currently** employed nor was I employed at any time in the **three months before the begin of the LGF funding** at Heidelberg University as a **wissenschaftliche Hilfskraft** or a **Mitarbeiter/in nach TV-L**.

b) In the **three months before the begin of the LGF funding**, I was employed at Heidelberg University as a **wissenschaftliche Hilfskraft** or a **Mitarbeiter/in nach TV-L**. My **working hours** were **not more than 25% of a full-time position**. I will **no longer have this work contract** while receiving the LGF funding.

*For b): Please submit the following additional document to the Graduate Academy:
LGF Form 1.04 "Compatibility of LGF Funding and (Previous) Employment"*

c) In the **three months before the begin of the LGF funding**, I was employed at Heidelberg University as a **wissenschaftliche Hilfskraft** or a **Mitarbeiter/in nach TV-L**. My **working hours** were **more than 25% of a full-time position**. I will **no longer have this work contract** while receiving the LGF funding.

In this position I was employed as a

- wissenschaftliche Hilfskraft
 Mitarbeiter/in nach TV-L

I worked _____ hours per month per week at _____
_____ (name of institute etc.) for the period from _____ to _____.

My employment consisted of the following duties: _____
_____.

I was employed primarily to carry out **content-related work on my doctoral project**, i.e. within the scope of this employment, I worked specifically on the contents of my doctoral thesis.

No → Please submit the additional LGF Form 1.04 "Compatibility of LGF Funding and (Previous) Employment"

Yes → You **cannot** receive an individual fellowship/ a completion grant. Please contact the Graduate Academy.

- d) **While receiving the LGF funding**, I will be employed at Heidelberg University and my **working hours** will be **more than 25% of a full-time position**.
→ You **cannot** receive an individual fellowship/ a completion grant. Please contact the Graduate Academy.

- e) **While receiving the LGF funding** I will have an employment contract with Heidelberg University for a **maximum of 25% of a full-time position**. I am/will be employed as a
- wissenschaftliche Hilfskraft ***
 - Mitarbeiter/in nach TV-L **
 - Lehrbeauftragte/r *
 - Honorarkraft *

I am/will be working _____ hours per month per week at _____
_____ (name of institute etc.) for the period from _____ to _____.

My employment (will) consist(s) of the following duties: _____
_____.

My **net income** from this employment amounts to _____ Euro/month.

I am/will be employed primarily to carry out **content-related work on my doctoral project**, i.e. within the scope of this employment, I worked specifically on the contents of my doctoral thesis.

No → Please submit the documents listed below to the Graduate Academy

Yes → You **cannot** receive an individual fellowship/ a completion grant. Please contact the Graduate Academy.

For e): Please submit the following additional documents to the Graduate Academy

* Confirmation from your doctoral supervisor that the employment is related to the subject area of your doctorate or to a possible field of work that you could pursue after completing your doctorate.

** LGF Form 1.04 "Compatibility of LGF Funding and (Previous) Employment"

4.3 Information about employment outside of Heidelberg University

- a) **While receiving the LGF funding**, I will **not** be employed outside of Heidelberg University.

- b) **While receiving the LGF funding**, I will be employed outside Heidelberg University and my **working hours** will be **more than 25% of a full-time position**.
→ You **cannot** receive an individual fellowship/ a completion grant. Please contact the Graduate Academy.

c) **While receiving the LGF funding**, I will be employed outside Heidelberg University with **working hours** of a **maximum of 25% of a full-time position**. I am/will be employed as _____ at _____ for the period from _____ to _____. My contractually-defined working hours are _____ hours per month per week. My employment will consist(s) of the following duties: _____

My **net income** from this employment amounts to _____ Euro/month.

*For c): Please submit the following additional document to the Graduate Academy:
Confirmation from your doctoral supervisor that the employment is related to the subject area of your doctorate or to a possible field of work that you could pursue after completing your doctorate.*

4.4 Declaration on the receipt of income replacement benefits as described in § 32 b par. 1 of the Income Tax Act (Einkommensteuergesetz - EStG) such as parental allowance, unemployment benefits, sickness benefits, etc.

- a) I will **not** receive any income replacement benefits as per § 32 b par. 1 EStG while receiving the funding.
- b) While receiving the funding, I will also receive income replacement benefits as per § 32 b par. 1 EStG in the form of (please specify) _____ during the time period (from – to) _____.
- My **net amount** I will receive from the benefits is _____ Euro per month.

5. DECLARATIONS

As the recipient of an individual fellowship or a completion grant through the Landesgraduiertenförderung program I enter into the following obligations:

I will make all necessary and reasonable efforts to complete the doctoral project.

I will adhere fully to the rules of good scientific practice.

I will not engage in any activity that is incompatible with this funding as specified in § 5 of the LGF statute.

I will comply unasked with all reporting obligations as specified in § 4, § 5, § 6, § 7 and § 8 of the LGF statute.

This applies in particular to:

- the reporting of any change in my income, the assumption of employment and/or changes in my current employment at Heidelberg University
- the submission of proof of income for any and all additional employment or other sources of income
- the reporting of the receipt of other funding used to carry out my doctoral project
- the reporting of the completion of my doctoral project
- the reporting of an interruption in or the discontinuation of my doctoral project or a continuation of my project at a different university
- the reporting of an interruption in the funding
- the submission of a confirmation of the submission of my dissertation to the faculty by the appropriate deadline or the submission of an interim report and evaluation in case the submission of my dissertation is delayed
- the reporting of any change in my address during receipt of the funding and during the time in which I am obligated to provide reports on my doctoral project

Additional declaration for recipients of a completion grant:

I confirm that I have not received funding from any other source for the completion of the doctoral project that is being supported by this grant.

6. RIGHT OF REVOCATION

The award of this funding may be revoked with retroactive or future effect if

- the funding award was obtained by providing incorrect or incomplete information,
- the funding recipient no longer fulfills the selection criteria or fails to fulfill his/ her obligations,
- conditions are not met or are not met within the stipulated deadlines,
- the funds are not used for the intended purpose or
- the university does not receive the necessary funding from the state of Baden-Württemberg.

7. LEGAL BASIS

The legal basis for the award of this funding is provided by the **Landesgraduiertenförderungsgesetz (LGFG)** (the act governing funding for doctoral education) from 23 July 2008 and the **statutes for the implementation of the LGFG at Heidelberg University** dated 16 June 2020 (available at: www.graduateacademy.uni-heidelberg.de/foerderung/landesgraduiertenfoerderung_en.html).

With my signature I guarantee the correctness and completeness of the information I have provided and I confirm that I have taken note of the above-mentioned obligations and information on the revocation of the funding and the legal basis of Heidelberg University. Furthermore, I consent to the use of my data for the administration of my fellowship/grant in accordance with Art. 6 Paragraph 1 lit. a EU Data Protection Basic Regulation (DSGVO).²

Place, Date

Signature

DOCUMENTS (please indicate which documents you are submitting)

- Confirmation from your doctoral supervisor that the employment is related to the subject area of your doctorate or to a possible field of work that you could pursue after completing your doctorate (your supervisor can send this confirmation in an informal email to ga-lgf@uni-heidelberg.de)
- Copy of employment contract
- Proof of the receipt of income replacement benefits as per § 32 b par. 1 EStG such as parental allowance, unemployment benefits, sickness benefits etc.
- LGF Form 1.04 "Compatibility of LGF Funding and (Previous) Employment" (necessary for applicants who will be employed at Heidelberg University as a *wissenschaftliche Hilfskraft* or a *Mitarbeiter/in nach TV-L* while receiving the LGF funding or who were employed in this capacity at any time during the 3 months prior to the begin of the LGF funding.)
- LGF Form 1.05 "Application for Child Care Benefits"
- LGF Form 1.06 "Application for a Health Insurance Subsidy"

NOTES

¹ Information about employment at Heidelberg University for the payment of the fellowship/grant

Legal obligations with regard to taxation and social security make it necessary for Heidelberg University to collect this information in order to make payments to third parties. The information that you provide will have no effect on the payment of your fellowship/grant.

If you are, while receiving the funding, also employed by Heidelberg University, you must indicate your LBV personnel number on the payment forms. You must provide the LBV personnel number of a relative only if it is not you, but rather a relative as determined by

§15 of the "Abgabenordnung" (see below) who is an employee of the university. If you have more than one relative who is an employee of Heidelberg University, you must provide the LBV personnel number of only one of these relatives. To determine which relative, please use the ranking as provided by §15 of the "Abgabenordnung" below.

List of relatives according to § 15 "Abgabenordnung":

(1) Relatives are:

1. a fiancé(e)
2. a spouse or civil partner
3. parents, children, grandparents, grandchildren and in-laws
4. siblings,
5. children of siblings,
6. spouses or civil partners of siblings and siblings of spouses and civil partners
7. siblings of parents
8. people with whom you have a long-term relationship involving care-giving and with whom you live in the same household (e.g. foster parents and foster children).

(2) The people listed in paragraph 1 are considered to be relatives even if, in cases 2, 3 and 6, the marriage or civil partnership that was the basis of the relationship has ended.

² Information about data privacy at Heidelberg University

Please note the data privacy policy of Heidelberg University according to the DSGVO:

www.uni-heidelberg.de/en/data-protection-declaration