**ISN Career Development Grant (CDG) Application Form 2021**

Deadline: **October 31, 2021**

1. **General applicant information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ISN membership** | Postdoc member: |  | Full member: |  |
| **Continuous ISN active membership since** (MM/YYYY)**:** |  |
| **Academic title** |  |
| **Last name**  |  |
| **Middle name** |  |
| **First name** |  |
| **Email address** |  |
| **Institutional address:**  |
| * Department
 |  |
| * Institution
 |  |
| * City
 |  |
| * Country
 |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Nationality** |  |

1. **Career information:**

|  |
| --- |
| **Academic Education:** |
| Date (from to) | Subject, Degree | University, Country |
|  |  |  |
|  |  |  |
| **Doctoral degree obtained:** |
| Degree |  |
| University, Country |  |
| Month/Year |  |
| **Postdoctoral experience:** |
| Date (from to) | Subject | Institution, Country |
|  |  |  |
|  |  |  |
| **Career breaks** (minimum duration 3 months)**:** |
| Date (MM/YYYY-MM/YYYY) | Reason for Career Interruption | Impact on Career |
|  |  |  |
|  |  |  |

1. **Your current independent position:**

|  |  |
| --- | --- |
| **Position** |  |
| **Since** (MM/YYYY) |  |
| **Name of your research group, website link**  |  |
| **Research topic**  |  |
| **Number of co-workers in the lab** |  |

1. **Publications:**

|  |  |
| --- | --- |
| **ORCID #** (if applicable) |  |
| **Total number of peer-reviewed original publications** |  |
| **Total number of peer-reviewed review papers** |  |
| **Please list up to 10 best publications including authors, title and journal names, volume, and pages in NIH citation format[[1]](#footnote-1); indicate corresponding authorships[[2]](#footnote-2)** |
|  1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |

1. **Current and previous awards:**

Please list up to 5 awards you received from other organizations, e.g. travel awards, fellowships, own project funding.

|  |  |  |
| --- | --- | --- |
| **Year(s)** | **Award/Awarding organization** | **Amount (USD)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please state below any previous support that you have received from ISN, e.g. travel support, school attendance, or CAEN support

|  |  |  |
| --- | --- | --- |
| **Year(s)** | **ISN Award** | **Amount (USD)** |
|  |  |  |
|  |  |  |

1. **Other professional activities:**

|  |  |
| --- | --- |
| **Academic teaching** |  |
| **Supervision of students**  |  |
| **Editorships (books, journals)** |  |
| **Membership in boards/committees** |  |
| **Public Outreach activities** |  |
| **Other** |  |

1. **Duration of the planned project:**

|  |  |
| --- | --- |
| **From** (DD/MM/YY) | **To** (DD/MM/YY) |
|  |  |

1. **Expected total costs:**

Please note: the ISN provides up to USD 10,000 for a CDG project. Please give details to the items to be purchased.

|  |  |  |
| --- | --- | --- |
|  | **Costs** | **Total** (USD) |
| **1** | Small instrumentation  |  |
|  |  |  |
| **2** | Animal costs |  |
|  |  |  |
| **3** | Measuring costs\* |  |
|  |  |  |
| **4** | Consumables  |  |
|  |  |  |
| **5** | Other project costs |  |
|  |  |  |
| **6** | ISN conference participation# |  |
|  |  |  |
| **Total costs of the project:** |  |
| **Total CDG application sum:** |  |

\* for equipment use, e.g. microscopy MRI, spectroscopy facilities, and others.

# max. 20% of the total grant, only for the applicant.

1. **Other external and local funds made available/requested for the project**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Amount** (USD) | **Purpose** (e.g. project running costs, etc.) | **Status** (requested/available) |
| **Home institution** |  |  |  |
| **Other sources\*** |  |  |  |

\*detail, if applicable

1. **How would this grant help you to develop scientific independence?**

|  |
| --- |
|  |

1. **Short description of the proposed project**

 (max 3 pages, excluding references):

1) Project Title

2) Background

3) Hypothesis

4) Specific aims

5) Brief plan of work

6) Expected outcomes and significance

7) References

**Declaration of consent**

**Should this grant be approved, I herewith declare to follow the rules of the ISN CDC:**

* I take note of the fact that 80% of the amount granted will be transferred to a bank account of my institution. Transfer to any private or individual bank account is not possible.
* I am aware that the ISN will not pay indirect/overhead costs to my institution.
* I recognize that any significant changes to the project require prior approval of the CDC Chair before the use of the funds can be expended.
* I will acknowledge ISN support in publications and briefly inform audiences about ISN and about the benefits of an ISN membership when presenting data at seminars and/or scientific meetings.
* I will invite young scientists (PhD students and postdocs) of my institution at least once during the funding period to attend an information session on ISN and on the benefits of an ISN membership. I will inform the ISN Secretariat on this session in advance and will request updated ISN information slides for my presentation on ISN.
* I agree to submit, unless previously agreed with the CDC Chair, a written report to the CDC Chair *within two months* of the completion of the project. This report must include:
1. a scientific report about the outcome of the project and future perspectives (2-3 pages max.)
2. a statement detailing how CDG funding helped me to establish my own lab
3. a brief financial report proving how funds have been used
4. Details of how I acknowledged ISN support (e.g. at website, social media, etc.) and when and where I have held an information session in my institution on ISN and the benefits of an ISN membership.

I agree that my report will be published (after approval) on the ISN homepage to inform ISN members of this ISN-supported CDC activity.

I am aware that failure to deliver an acceptable report as detailed above may limit my future access to the benefits available for active ISN members.

|  |  |
| --- | --- |
| **Name of applicant:** |  |
|  |  |
| **Signature of applicant:**  |  |
|  |  |
| **Place, Date:**  |  |

After completing and signing this form, please add a letter signed by your department head, which confirms your scientific independence and contains a statement that the institution will not charge any indirect/overhead costs.

Create a single PDF document named **[lastname]\_CDG\_[year].pdf** and send it to the Chair of the ISN Career Development Committee Constanze.Seidenbecher@lin-magdeburg.de no later than **October 31, 2021**.

If you have any questions regarding your application please contact the CDC Chair or the ISN secretariat via secretariat@neurochemistry.org.

1. If not yet published, the papers must be at least in press or accepted by a journal. Do not count or list manuscripts just submitted or under revision. [↑](#footnote-ref-1)
2. Please note, that as a minimal requirement for status as independent researcher, the applicant should be responsible author (i.e, corresponding or last author) of at least two peer-reviewed research articles. [↑](#footnote-ref-2)