Oberwolfach Research Fellows (OWRF) Project Application Form

Proposed Research Grou	ıp / Project:	
Title of research project:		
MSC* of research project:		
Names of researchers in th 1 2 3 4	e research group (participants)**:	
Proposed number of weeks	***!	
Possible time slots (please 1 2 3	give several alternatives):	
Description of common res	earch project is attached (1-5 pages): 🗆 yes	
	planation (e.g., 1-week research stay in conjunction to t, or several researchers coming from the same affilia ———————————————————————————————————	

https://www.mfo.de/www/schedule/overview

Please submit all additional documents (research project, cv, letter of recommendation etc. as pdf-files!

Please see our website www.mfo.de for more information on the scientific programs and grants at Oberwolfach.

^{*} Mathematics subject classification (MSC 2020) according to AMS and zbMATH.

^{**} The size of of a research group can be 2-4 persons who can be senior or junior researchers (1-4 persons if a Leibniz Fellowship is involved, other single researchers only in exceptional cases). The researchers should not all come from the same institution. EDI criteria (equality, diversity and inclusion) will also be considered in the evaluation.

^{***} The usual length of the research stay is 2-4 weeks for a research group and 4-12 weeks for an Oberwolfach Leibniz Fellow (post-doc fellowship with financial support). A length of 1 week is also possible if it is in immediate conjunction to a workshop or mini-workshop participation of the majority of members of the proposed research group. See the MFO's annual schedule:

Oberwolfach Research Fellows (OWRF) Individual Application Form

We would kindly like to ask you the	at every participant of the proposed research group / project completes this form.
Title of research project:	
Personal information	
First (and middle) name: Last/family name: Affiliation (postal address):	
Email address:	
Gender:	□ female □ male □ diverse □ do not want to say
Scientific CV (incl. current p	position, publications list etc.) is attached (1-5 pages): $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
For Leibniz Fellowships, plea	ase see the separate OWLF form.
(OWFF) or Oberwolfach Fan and include the correspondi	ther support, e.g. travel support by an Oberwolfach Foundation Fellowship nily Support (OWFS) including child care, please have a look at our website ing form in your OWRF application. Please note that this kind of support has the OWRF application. In general, later applications cannot be considered,
Data protection information	
and last name, institution and info the grant donor. This is in line with deleted or blocked as soon as the national legislators in EU regulation personal data are gathered, the fol cases: Information (Article 15 GDP 18 GDPR) Data transmission (Article	the MFO needs to store these data. In case you receive support we need to pass your title, first rmation on the meeting to the grant donor. The purpose of this transfer is the accountability to the Article 6 (1) lit. b and f of the European General Data Protection Regulation. The data will be purpose of the storage ceases to apply. Storage can also occur if provided for by European or ones, acts or other legislation or commitments to which MFO is subject. As an individual whose lowing rights may apply to you, to the extent that no legal exceptions are applicable in individual PR) Correction (Article 16 GDPR) Deletion (Article 17 (1) GDPR) Restriction of processing (Article 20 GDPR) Revocation of processing (Article 21 GDPR) Revocation of consent (Article 7 (3) egulator (Article 77 GDPR). For MFO this is the Data Protection Authority Baden-Württemberg, grant.
Date and signature:	

Oberwolfach Research Fellows Form for Leibniz Fellowship (OWLF)

In case of an application for a Leibniz Fellowship, this form has to be filled out additionally to the OWRF project form and individual form. I apply for a Leibniz Fellowship: Name: Academic degree: Year of Ph.D.: I apply for financial support: □ yes □ no (covered by home university) Requested travel support: __ ____(€) Please provide a short explanation on the requested funding: The following information is additionally needed for an OWLF: The scientific cv should contain the title of doctoral thesis, the institution where Ph.D. has been obtained, the name of advisor, and the current position. Short description of own research is attached (1-5 pages): □ yes □ no Letter(s) of recommendation will be send in by (1-2 senior researchers): Meetings at Oberwolfach during your proposed OWLF research stay which are connected with your research project and which you would like to attend (please give ID of the meetings, see https://www.mfo.de/www/schedule/overview): Additional documents/remarks: (For example, if your date of Ph.D. is older than the restriction allows, please give an explanation of time periods, that can be taken into account, e.g. phases of motherhood or child care.) **Data protection information** In order to process your request the MFO needs to store these data. In case you receive support we need to pass your title, first and last name, institution and information on the meeting to the grant donor. The purpose of this transfer is the accountability to the grant donor. This is in line with Article 6 (1) lit. b and f of the European General Data Protection Regulation. The data will be deleted or blocked as soon as the purpose of the storage ceases to apply. Storage can also occur if provided for by European or national legislators in EU regulations, acts or other legislation or commitments to which MFO is subject. As an individual whose personal data are gathered, the following rights may apply to you, to the extent that no legal exceptions are applicable in individual cases: Information (Article 15 GDPR) Correction (Article 16 GDPR) Deletion (Article 17 (1) GDPR) Restriction of processing (Article 18 GDPR) Data transmission (Article 20 GDPR) Revocation of processing (Article 21 GDPR) Revocation of consent (Article 7 (3) GDPR) Right to complain to the regulator (Article 77 GDPR). For MFO this is the Data Protection Authority Baden-Württemberg, Postbox 10 29 32, DE-70025 Stuttgart.

Date and signature: