



GRADUIERTEN-
AKADEMIE



UNIVERSITÄT
HEIDELBERG
ZUKUNFT
SEIT 1386

INFORMATION FOR THE RECEIPT OF A HARDSHIP 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.

Contact:

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

Graduate Academy Heidelberg University – heiDOCS Program – Im Neuenheimer Feld 370 – 69120 Heidelberg

If you have questions, please contact the team of the Graduate Academy: ga-docs@uni-heidelberg.de

Technical information for 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.

PERSONAL INFORMATION

Last name: _____ First name: _____
Street address, No.: _____ Postal code, City: _____
Email: _____ Phone number: _____

PAYMENT OF THE FUNDING

Bank account information

Account holder: _____ Bank: _____
SWIFT/BIC: _____ IBAN: _____

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 → go to c)
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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c) Please check the boxes according to your status at the university (**each option must be checked** – either YES or NO)

- | | | |
|--|------------------------------|-----------------------------|
| 1. I am a fellowship recipient from Heidelberg University | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I am a fellowship recipient from outside Heidelberg University | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I am a student, doctoral candidate or an employee at Heidelberg University without payment from the university (I am a member of Heidelberg University but I do not receive a salary or fellowship from the university) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

INFORMATION ABOUT THE FUNDING OF YOUR (POST)DOCTORAL PROJECT

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 funding** at Heidelberg University as **wissenschaftliche Hilfskraft** or **Mitarbeiter:in nach TV-L**.

b) In the **three months before the begin of the funding**, I was employed at Heidelberg University as **wissenschaftliche Hilfskraft** or **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 funding.

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

c) In the **three months before the begin of the funding**, I was employed at Heidelberg University as **wissenschaftliche Hilfskraft** or **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 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 (post)doctoral thesis.

- No** → *Please submit the additional Form "Compatibility of Funding and (Previous) Employment"*
 Yes → *You **cannot** receive a bridging grant. Please contact the Graduate Academy.*

d) **While receiving the funding**, I will be employed at Heidelberg University and my **working hours** as **wissenschaftliche Hilfskraft** will be **more than 25% of a full-time position** or my **working hours** as **Mitarbeiter:in nach TV-L** will be **more than 26% of a full-time position**.
→ *You **cannot** receive a bridging grant. Please contact the Graduate Academy.*

e) **While receiving the funding** I will have an employment contract with Heidelberg University as **wissenschaftliche Hilfskraft** for a **maximum of 25% of a full-time position** or **as Mitarbeiter:in nach TV-L with exactly 26% 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 additional Form "Compatibility of Funding and (Previous) Employment"
- Yes** → You **cannot** receive a bridging grant. Please contact the Graduate Academy.

Information about employment outside of Heidelberg University

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

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

AFFIRMATION

- I affirm that the information provided is correct and complete.
- I have been informed that I need to submit to the Graduate Academy a notification about the successful completion of the work planned for the funding period. This report (300-500 words) must be received by the Graduate Academy **no later than 3 months after the end of my funding** and must describe the following aspects: 1. What actions were taken to improve my financial situation during the funding period; 2. How did the financial support from the hardship grant contribute to achieving my goals; 3. My current financial situation, providing relevant details. If the project planned for the funding period is not completed within 3 months of the end of my funding, I must at this time submit an **interim report** on the status of the project (incl. a detailed explanation on the delay) and a **schedule for its completion** as well as a short **evaluation** by my supervisor to the Graduate Academy.
- I have been informed that while receiving the funding I must send immediate notification to the Graduate Academy in case of any **changes in my income**, any changes regarding my **employment situation at Heidelberg University**, the **(premature) termination of my project**, and any other **changes with regard to my (post)doctoral project**.
- 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

Location, Date

Signature

DOCUMENTS (please indicate which documents you are submitting)

- Form "Compatibility of Funding and (Previous) Employment" (necessary for applicants who will be employed at Heidelberg University as *wissenschaftliche Hilfskraft* or *Mitarbeiter:in nach TV-L* while receiving the funding or who were employed in this capacity at any time during the 3 months prior to the begin of the funding.)
- Copy of employment contract

NOTES

¹Information 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 amount of your grant or fellowship.

If, as a recipient of this funding, you are also employed by Heidelberg University, you must indicate your LBV personnel number on this form. 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.

²Information 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