

Please complete this questionnaire and return it to the DFG as soon as it has been established when you intend to begin the fellowship, including the relevant supporting documents (including those requested in the award letter).

Fellowship Application Questionnaire

**Deutsche Forschungsgemeinschaft
- Fellowship Office -
53170 Bonn, Germany**

or by digital transmission with attachments to the [responsible contact person](#)¹

Walter Benjamin Fellowship **Return Grant** **Heisenberg Fellowship**

DFG reference number:		Cost item no. as stated in the award letter:	
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Title, last name, first name(s): _____

Date of birth:

E-mail address _____

The DFG will notify you regularly by e-mail of events relevant to your fellowship that may be of interest to you. The legal basis for this is the legitimate interest of the DFG pursuant to Art. 6 (1)(f) GDPR. *You have the right to object, on grounds relating to your particular situation, at any time to processing of personal data concerning you which is based on point (f) of Article 6 Paragraph 1 GDPR (data processing in accordance with a balancing of interests). Should you raise an objection, we will no longer process your personal data, unless we can demonstrate compelling legitimate grounds for the processing which outweigh your interests, rights and freedoms or the processing is for the establishment, exercise or defence of legal claims. If you have any objections, please send them to: DFG, [contact person responsible](#) during the fellowship.*

1. Desired start date of fellowship:

Start of fellowship (always first day of the month): _____
day month year

From when will you be/since when have you been at the fellowship location abroad? _____
day month year

In the case of several different stays abroad:

Host country: _____ Period (from/to): _____
 Host country: _____ Period (from/to): _____
 Host country: _____ Period (from/to): _____

2. Accompanying spouse/life partner and/or child/children:

I am married as of the start of the fellowship yes no

I have _____ child/children (residing in and cared for in my household)

*according to the German Act on Registered Life Partnerships (Lebenspartnerschaftsgesetz – LPartG) (please attach copies of the marriage certificate, birth certificate(s) and certificate(s) issued by the family benefits office (Familienkasse) where appropriate).

¹ In the event of electronic submission, please e-mail the completed form and attachments as an encrypted pdf/zip file and send the password via a different medium (separate e-mail/telephone), to the contact person responsible (Fellowship Office).



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My family will be accompanying me abroad:

Spouse/life partner: from _____ to _____

Child/children: from _____ to _____

3. Income during the fellowship period:

(Please enclose documentation (see footnotes); after this you are only required to report any changes and monetary subsidies (amount/period)).

- Host top-up payment to reach the applicable minimum income²⁾
- Host payment to cover ongoing health insurance³⁾
- Other host subsidies (e.g. salary, non-monetary remuneration, non-cash benefits)⁴⁾
- Parental allowance⁵⁾ in the amount of: _____ Period: from _____ to _____
- Other income/supplementary revenue⁶⁾: _____
 in the amount of: _____ Currency: _____ from/to: _____

²⁾ Host confirmation regarding top-up payment amounting to no more than the applicable minimum income.
³⁾ Please submit the first gross salary statement.
⁴⁻⁶⁾ Please submit documentary evidence accordingly.

4. Income of spouse/life partner during the fellowship period:

- Not in receipt of a fellowship
- * In receipt of a fellowship from: _____ Period (from/to): _____
 In the case of a DFG fellowship, please state DFG reference number: _____

- * Receipt of a foreign allowance

*If spouses/life partners are in receipt of a foreign allowance themselves, the fellowship holder is categorised as single and therefore receives a foreign allowance of their own. An increased family-related foreign allowance is granted to a fellowship holder whose spouse/life partner is not entitled to a foreign allowance.

5. - Applicable to Heisenberg Fellowships only -

Subsidy for health insurance contributions analogous to Section 257 Social Code V (Sozialgesetzbuch – SGB V):

Please enclose a copy of the insurance contract/membership certificate.
 You are asked to submit updated documentation for each subsequent calendar year.

6. Bank details in Germany (also in the case of stays abroad):

(Please note that the fellowship payment is only transferred to the award recipient’s checking account in Germany.)

Account holder: _____

Bank: _____

IBAN: DE

Declaration of commitment

I confirm with my signature that the information I have provided is correct and that I will inform the DFG immediately of any changes to the information provided in this questionnaire.



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Acceptance of the award conditions

I hereby accept the conditions stated in the award letter including the Funding Guidelines referred to therein.

Data Protection

Please note the DFG's data protection notice on research funding, which is available for viewing and download at www.dfg.de/privacy_policy. Please forward this data protection notice to those individuals whose data will be processed by the DFG as a result of being named in this form as part of the information required for processing your application.

Date: _____

Signed: _____