## CCCD Starter Grant 2025 Application Form

### Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant** = Project manager | *Full Name* | | |
|  | *Date of birth* | | |
|  | *ORCID iD* | | |
|  | *Organizational Unit / Department / Division* | | |
|  | *Profession* | | |
|  | *Position* | | |
|  | *Email Address* | | |
|  | *Phone Number* | | |
| **Further researchers involved** (including department/ division) | *Full Name* | *Organizational Unit / Department / Division* | *Position* |
| *Full Name* | *Organizational Unit / Department / Division* | *Position* |

### Project Information

1. **Project Title**

|  |
| --- |
| *(max. 200 characters)* |

1. **Organizational units involved in the CCCD**

At least two of the disciplines (departments or divisions) of the CCCD from the core areas must be involved in the research project. Please tick the 2 appropriate CCCD affiliated core organizational units[[1]](#footnote-2):

*At least two of the following organizational units have to be involved (German designation):*

Universitätsklinik für Thoraxchirurgie

Klinische Abteilung für Pulmologie

Klinische Abteilung für Allgemeine Anästhesie und Intensivmedizin

Klinische Abteilung für Herz-Thorax-Gefäßchirurgische Anästhesie und Intensivmedizin

Klinische Abteilung für Onkologie

Klinische Abteilung für Infektionen und Tropenmedizin

Klinische Abteilung für Pädiatrische Pulmologie, Allergologie und Endokrinologie

Klinische Abteilung für Neonatologie, Pädiatrische Intensivmedizin und Neuropädiatrie

Universitätsklinik für Radioonkologie

Klinische Abteilung für Allgemeine Radiologie und Kinderradiologie

Klinische Abteilung für Kardiovaskuläre und interventionelle Radiologie

Klinische Abteilung für Nuklearmedizin

Klinische Abteilung für Rheumatologie

Universitätsklinik für Klinische Pharmakologie

1. **Ethical and Legal Aspects**

*Does your project involve any of the following? (check all that apply)*

Human participants

Animal experimentation

Personal data

Dual-use technology

Environmental risks

Other (please specify):

*If yes, provide details on how you will address legal and ethical requirements:*

|  |
| --- |
|  |

## Writing a proposal for the CCCD Starter Grant 2025

*Please note the maximum word limit; longer applications will not be considered in the application process!*

* Provide a **concise summary of your proposed project** (max. 500 words, excluding references and funding information).
* Provide a brief description of the **interdisciplinarity** of your research/project at the CCCD   
  (100 words, not including names and institutions of cooperation partners).   
  *Note*: involvement of at least 2 departments or divisions form the CCCD affiliated core areas is required; please describe their roles and why their involvement is essential for the success of the project).
* Provide a brief description of the **planned scientific evaluation** of your project.  
  *Note***:** an accompanying scientific evaluation of the proposed project is required.
* **Budget Overview**: Briefly describe how the money is to be used and state the requested funding amount (max. 100 words, not including an optional cost-table).
* Give a brief description of the added **value of your project for the CCCD** beyond interdisciplinarity, especially with reference to functional and oncological diseases of the thoracic organs. Please define a **quantifiable outcome** of your project (max. 100 words).

## Formal Criteria

* Only complete applications including *(1)* **application form**, *(2)* **written proposal** and   
  *(3)* **curriculum vitae** will be considered. Written proposals must meet the **writing criteria** (see above).
* **The applicant must be currently affiliated with one of the CCCD core organizational units** – either through employment or by scientific or clinical collaboration.
* At least **two different core organizational units of the CCCD** have to be involved in the research project in order to ensure interdisciplinary research.

## Applicant Declaration

I confirm that the information provided in this application is complete and accurate.  
I agree to abide by the rules and regulations of the CCCD Starter Grant 2025.

|  |  |
| --- | --- |
| **Applicant** = Project manager | *Full Name* |
| Date and signature | *Enter date & signature here* |

*If you have any questions, please contact:* [*cccd@meduniwien.ac.at*](file:///C:\Users\Szente-Voracek\ownCloud\CCCD\Starter%20Grant\cccd@meduniwien.ac.at)

1. A list of the CCCD affiliated core areas can be found at:  
   <https://cccd.meduniwien.ac.at/ueber-uns/kliniken-institute-direktionen/#214234> [↑](#footnote-ref-2)