## CCCD Starter Grant 2025 Application Form

### Applicant Information

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| --- | --- |
| **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**

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| --- |
| *(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:*

|  |
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|  |

## 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%3A%5CUsers%5CSzente-Voracek%5CownCloud%5CCCCD%5CStarter%20Grant%5Ccccd%40meduniwien.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)