iGRAD
Interdisciplinary Graduate and Research Academy Düsseldorf

Heinrich Heine Universität Düsseldorf

iGRAD, Geb. 26.11.00, R.24
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iGRAD-Application: Membership for supervisors

1. Personal Data

Fields marked with * are mandatory fields.

1.1 Personal Information

Title: ☐ Mrs. ☐ Mr.

Titel(s) (and others)*: Family

Name*:

First Name*:

Middle Name(s):

1.2 Address and Contact Information

Please fill in reliable phone number and email address for correspondence and further queries.

Institution*:

Institut/Clinik *:

Group/Department/Chair*:

Address Supplement(s) (e.g.: Building-No., Room-No.):

Street, Number*:

ZIP-Code*:

City*:

Dialling Code and Phone Number 1*:

Dialling Code and Phone Number 2:

Dialling Code and Fax Number*:

Email-Address*:

1.3 Additional Contact Person(s)

If agreed to by the respective persons – who could be contacted by iGRAD in case of absence (e.g.: Secretary/PostDoc, etc.)?
Please give information in the following order: Titel, Name, Function, Email Address, Phone Number.

2. Affiliation to Faculty

Fields marked with * are mandatory fields.

2.1 Which faculty are you legally associated with?*

☐ **Faculty of Mathematics and Natural Sciences** ☐ **Faculty of Medicine** ☐ **not applicable**

If you are not associated with the Faculty of Mathematics and Natural Sciences - please give one or more examples for externally reviewed third party funding projects (funding number) which have been raised by you:

Should you have checked "not applicable": Which Institution are you legally associated with?

Please name:

2.2 For professors, habilitated and head of junior research groups with permission for PhD-Examination:

At which faculty do you have permission for PhD-examinations?*

☐ **Faculty of Mathematics and Natural Sciences** ☐ **Faculty of Medicine**

3. Application for iGRAD membership

In my function as PhD-supervisor I hereby apply for membership in the Interdisciplinary Graduate and Research Academy Düsseldorf (iGRAD). My membership shall be valid for the duration of my affiliation to the Heinrich Heine University Düsseldorf, unless membership is cancelled earlier in written form. With admission to iGRAD as supervisor for doctoral research projects I agree to supervise iGRAD-doctoral researchers regarding the quality standards agreed to and passed by the iGRAD-board. These standards include 1.) that next to their main PhD supervisor, doctoral fellows of iGRAD have at least one additional supervisor for their ongoing PhD project. The supervision team additionally ensures the regular supervision of their doctoral fellows; 2.) facilitate that the doctoral fellows will complete the mandatory iGRAD-curriculum in transferable skills within their doctoral research phase (The iGRAD-curriculum is usually included in qualification programs of structured PhD programs, Graduate Schools, etc. which are members of iGRAD); 3.) that doctoral researchers of iGRAD as members of the international scientific community are endowed with certain rights and duties and are especially instructed and guided by the supervisors regarding the "Grundsätze zur Sicherung guter wissenschaftlicher Praxis an der Heinrich-Heine-Universität Düsseldorf vom 30. Oktober 2020" in: Amtliche Bekanntmachungen der HHU 55/2020.

City, Date:

Name and Signature: Unterschrift:

4. Datenschutzerklärung

Data privacy is guaranteed by iGRAD according to the North Rhine-Westphalia Protection of Data privacy law (Datenschutzgesetz NRW). All statistical analysis will strictly be anonymized.

With my signature I agree to the storage and processing of my personal data for application and administration purposes for the duration of my iGRAD membership. I especially authorize that all information given in this form can be transferred to administrative databases and be processed electronically. Furthermore I agree to the collection, storage and processing of my personal data during my iGRAD membership, pertaining to my activities as supervisor and possible participation in iGRAD meetings and events, as far as required for administrative purposes.

City and Date:

Name and Signature: Unterschrift:

Send the signed PDF-form to igrad@uni-duesseldorf.de