

CHANCENGLEICHHEIT

# **Equality mandate**

# Application for funding (please tick)

- □ Travel costs
- □ Student assistant
- □ Other

## 1 Applicant

| Academic<br>title:                                                                                                            | First name:               | Surname:                                                                                                   |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Faculty:                                                                                                                      |                           | Chair:                                                                                                     |  |  |  |  |
| Street, Number:                                                                                                               |                           | Postal Code, City:                                                                                         |  |  |  |  |
| University telephone number:                                                                                                  |                           | Home telephone number:                                                                                     |  |  |  |  |
| University Email address:                                                                                                     |                           | Private Email address:                                                                                     |  |  |  |  |
| Number and age of children living in your household (expectant mothers, please indicate due date):                            |                           |                                                                                                            |  |  |  |  |
| Please explain if you have any particular burden (single parent, family member requiring nursing, physical impairment, etc.): |                           |                                                                                                            |  |  |  |  |
| At what stage of your education are you?                                                                                      |                           |                                                                                                            |  |  |  |  |
| Post D Doctor For do                                                                                                          | rate<br>octoral students: | <ul> <li>Other</li> <li></li> <li></li> <li>wersity of Bayreuth Graduate School, and I am aware</li> </ul> |  |  |  |  |
|                                                                                                                               |                           |                                                                                                            |  |  |  |  |



## 2 Application

CHANCENGLEICHHEIT

## 2.1 When applying for travel costs

□ If the application is for funding of <u>one</u> **congress/conference visit**, then active participation is required. Proof of an accepted paper/an accepted poster is to be included. (For lawyers: a letter of recommendation from the supervisor).

Information about the event:

| Title    | <br> |  |
|----------|------|--|
| Date     | <br> |  |
| Location | <br> |  |

Amount of the Costs

| Type of cost                                                               | Description             | Amount |
|----------------------------------------------------------------------------|-------------------------|--------|
| Accommodation<br>(max. allowance: €<br>60/night)                           |                         |        |
| Transport                                                                  |                         |        |
| Participation fee<br>(if early registration is<br>possible, only that fee) |                         |        |
| Other costs<br>(no daily allowance)                                        |                         |        |
|                                                                            | Total<br>(max. € 1.600) |        |

□ Preliminary receipts for all costs are included in the application

## 2.2 When applying for a student assistant

The assistant will be used for the following work:

Maximum duration of employment:

- □ 6 months à 20 hours or 3 months à 40 hours (for academics)
- □ 4 months à 20 hours or 2 months à 40 hours (for women's representatives)
- for \_\_\_\_\_ hours hours

## 2.3 When applying for Other costs

Amount oft the costs: \_\_\_\_\_

\_\_\_\_\_

€

 Detailed description of the costs incurred as well as preliminary receipts are attached on separate sheets.



#### 3 Further information

#### 3.1 Additional funds requested

Has a request for funding of these activities/projects etc. been made elsewhere? (Please also indicate exhausted funds and rejected applications):

### 3.2 Nature of your current financing

- □ Full-time position
- $\Box$  Scholarship
- □ Permanently employed

#### 3.3 Academic projects

Topic of the academic project (with brief description):

Who is advising / supervising your project? (please indicate name and department):

### 3.4 Have you ever been supported by funds for equal opportunity?

□ yes

🗆 no

**If yes,** please note: Funding can only be applied for two semesters in a row. A semester must be paused before a new application is submitted.

when (date of approval)?
 \_\_\_\_\_

 for what?

which amount?

 $\hfill\square$  the associated final report was submitted on time



## 4 Declaration by the applicant

I confirm the accuracy of my statements and agree to disclose any change regarding the information in this application immediately.

I agree to prepare a final report in line with requirements no later than two months after receipt of funding/end of the funding period. I will submit this on time to the Gender Equality Service Centre.

Please submit this signed application by mail as a PDF document, including all associated documents, to the respective Faculty Women's Representative and in cc to chancengleichheit@uni-bayreuth.de

Place, date

Signature of applicant

Date of receipt

Signature of the faculty women's representative