

Application for the career professorship according to section 99 par. 5 of the Austrian University Act (UG) for						
	You are therefore re		s important that your documents quired documents as well as possible			
Personal details:						
First name and surname	:					
Date of birth:						
Street:						
Postcode and town:						
Telephone number:						
Email address:						
Citizenship:						
Current occupation:						
Any periods of care/pare leave:	ental					
1. Education an 1.1. Study/Studies	d Expertise					
Period	University	Subject	Academic title			

A-6020 Innsbruck | Innrain 52 Phone.: +43(0)512/9003-70003

1.2.	Habilita	ntion:				
Habilita	ation Subj	ect		Year	Uı	niversity
1.3.	Special	ist Doctor:				
		ist Doctor.		Voca		weeks dead out one 2
Special	ist Title			Year	Co	ompleted where?
2.	Profe	ssional C	areer			
2.1.	Places	of work an	d activities			
Period			Institution			Activity
2.2.	Awards	and Prizes	5			
Year		Type and [Description			

2.3. Activities in Scien	ntific Bodies such as Professional Socie	ties, Scientific Committees, Advisory			
Boards, Editorial Boards, etc.					
Activity	Committee	Period			

3. Research

3.1. List of Publications for Bibliometric Analysis

Please provide this in a separate Excel file (Link: https://www.i-

med.ac.at/forschung/Forschungsevaluation/Bibliometrische-Auswertungen.html.de) in required format.

3.2. Third-Party Funding Received				
	Sum in €			
Internationally peer-reviewed research projects:				
Industry funds:				
Others:				
Total sum:				
Total of projects approved in the last 5 years:				

Project Title	Funding Organisation and Project Number	Peer reviewed Y N		Period	Function*	Share %**	Funding amount €***

^{*}Function: Head, co-applicant, spokesperson for SFB, etc.

Please enclose copies of the approval letters. .

^{**}Share: for individual projects without co-applicant = 100%, for SFBs, EU projects, clinical studies, etc. own share as a percentage of the total amount.

^{***}Funding amount: for SFBs, EU projects, clinical studies, etc., only the funding amount for your own part of the project may be stated.

4. Information on Teaching Activities

4.1. Courses Held

Name of the Course	Framework*	Type + Hours**	Share %***	Period	Evaluation ****		
			76		Y	N	

^{*} Framework: e.g. human medicine, biology, nursing training, etc.

^{**}Type: VO, lecture; PR, practical course; SE, seminar; PS, proseminar; PV, privatissimum; UE, exercises; VU, lecture & exercise; RE, revision course

^{**}Hours: Semester hours per week: this does not refer to individual hours (example: VO2 means a lecture with 2 teaching hours per week for one semester; can also be held as a block course).

^{***}Share: Personal contribution, e.g. 100 % if only one teacher is involved, correspondingly less if several teachers are involved;

^{****}Evaluation Y/N:Y = a formal evaluation by questionnaire has been carried out (please enclose the evaluation report with the documents); N = not carried out

4.2. Number of Supervised and Completed Academic Theses, if applicable				
Field of Study of the Supervised Students	Num	Number		
(e.g. human medicine, dentistry, natural sciences, etc.)	Type of Thesis*	compleded	ongoing	

^{*} Type of Thesis: Bachelor theses, Diploma theses, Master's theses, Dissertations, Habilitations

4.3. Didactic Further and Continuing Education				
Course Name	Provider	Hours		

Please enclose copies of certificates of attendance.

	Administrative and Organisational Activities / Academic Self-Administration					
Year	Ins	titution		Type and Description		

6. Annexe					
Please list the other files enclosed with this application.					
Please note the documents to be submitted https://www.i-med.ac.at/karriere/laufbahn					
File Name	Content				
I hereby confirm that the above information is	correct.				
Date	Signature				