**Application form for a professorial position**

Please complete this form electronically and send it to: [barlach.sabine@mh-hannover.de](mailto:barlach.sabine@mh-hannover.de)

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| --- | --- | --- | --- | --- | --- | --- |
| **A. General Information** | | | | | | |
| **Surname, given name(s), academic titles** | |  | | | | |
| **email** | |  | | | | |
| **Home address** | |  | | | | |
| **Work address** | |  | | | | |
| **Date and place of birth** | |  | | | | |
| **Nationality** | |  | | | | |
| **Gender** | |  | | | | |
| **Marital status** | |  | | | | |
| **Current position, institution** | |  | | | | |
| **Employment status**  (tenured/non-tenured) | |  | | | | |
| **B. Scientific career** | | | | | | |
| **University education**  (degree, date, grade, place) | |  | | | | |
| **Doctorate**  (date, grade, place)  **Title of thesis** | |  | | | | |
| ***Habilitation* postdoctoral lecturing qualification**  (Venia Legendi [entitlement to lecture], date, place)  **Title of *Habilitation* or description of an equivalent scientific qualification** | |  | | | | |
| **Periods of research abroad** | |  | | | | |
| **C. Research** | | | | | | |
| **Most important areas of your scientific expertise** | |  | | | | |
| **Publications** | |  | | | **Number** |  |
| **Original publications** | | |  |  |
| Of which number of first authorships | | |  |  |
| Of which number of last authorships | | |  |  |
| Of which number of co-authorships | | |  |  |
| **Review articles** | | |  |  |
| **Book chapters** | | |  |  |
| **List your 5 most important publications** (authors, title, journal, year)  with a short abstract (approx.. 100 words) | | | | | | |
| **Grants/External funding** (list the amount you procured) | | **Total external funding in €:** | |  | | |
| **Total external funding over the last 3 years in €** | |  | | |
|  | | | | | | |
| Provider of grant | Total amount of external funding | | Projects | | | |
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| **Patents** | | | | | | |
| **D. Teaching** | | | | | | |
| **Active teaching experience**  **(since when, average weekly hours per semester)** | |  | | | | |
| **Special qualifications** | |  | | | | |
| **Personal evaluation of teaching skills** | | yes / no | | | | |
| **Supervision of Bachelor’s, Master’s, doctoral theses** | |  | | | | |
| **E. Clinical experience** | | | | | | |
| **List your most important areas of clinical expertise** | |  | | | | |
| **Specialist** | |  | | | | |
| **Clinical qualifications** | |  | | | | |
| **F. Management and leadership qualifications** | | | | | | |
|  | | | | | | |
| **G. Other** | | | | | | |
| **Previous offers of professorships or times you were shortlisted for a professorship** | |  | | | | |
| **Awards, prizes** | |  | | | | |
| **Other / gaps in career history caused by family responsibilities (education, home care) / disabilities** | |  | | | | |

**Place, Date Signature**