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| **[ ] Name of ECRG-W applicant:** |
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**Letter of host institute/department support for applicants to the MCID Early-Career Researcher Grant for Women (ECRG-W) funding call 2022**

The host department (“HD”) of the ECRG-W grant recipient (“ECR”) led by the Head of Department/Institute Director, confirms its intention towards the ECR named above to adhere to the obligations listed below should an ECR be awarded by the MCID in response to the ECRG-W funding call launched on 1st March 2022.

The HD commits itself to host the ECR for the duration of the ECRG-W grant and to:

* Integrate the ECR in the research institution and to provide adequate working space
* Support the ECR by providing appropriate administrative assistance
* Provide research support through access rights to infrastructure, equipment, and other services as necessary for conducting the research of the ECRG-W project
* Acknowledge that the ECRG-W project is fully autonomous, but any overlapping areas of interest are encouraged to be developed and the ECR is encouraged to exchange technical expertise with others in the host department. Guarantee the necessary scientific independence of the ECR, as regards the:
1. realisation of the project under the scientific guidance of the ECR
2. selection and supervision of staff supporting the ECR
3. use of the budget to achieve the scientific objectives of the project
4. authority to publish as senior author and to invite as co-authors only those who have contributed substantially to the reported work

In addition to the above, in case of a successful application for ECRG-W funding by the applicant, the HD commits to the following:

**To be completed by Head of Department/Institute Director (HD):**

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| **[ ] Provision of necessary working space (office and, if relevant, laboratory space) for ECR (yes/no/not applicable)** |
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| **If yes, until which date is this support guaranteed?** |
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| **If no/not applicable, please explain below:** |
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| **[ ] Provision of necessary working space (office and, if relevant, laboratory space) [ ] for any personnel to be employed by the ECR through MCID funding****[ ] (yes/no/not applicable)** |
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| **If yes, until which date is this support guaranteed?** |
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| **If no/not applicable, please explain:** |
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| **Is the ECR already a group leader within the host institute and has guaranteed employment as such for the duration of the proposed MCID-funded project? (Yes/No)** |
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| **If the application for ECRG-W funding is successful, does the HD offer any further commitments in support of the ECR (such as, but not limited to, research support in the form of a technician)? If yes, please provide details below:**  |
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**To be completed by Head of Department/Institute Director (HD) if the ECR has requested funding for a PhD position:**

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| **If the applicant has requested funding for a PhD position, are they eligible to officially supervise a PhD candidate?** |
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| **If no, please state who the official supervisor of the PhD candidate would be** |
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| **If yes, please state who will provide funds for the PhD student following MCID funding** |
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If the ECR does not have an official status as group leader and a salary paid by the host institute or other resources for the duration of the proposed project, the section below must be completed by the head of the research group in which the ECR would be employed.

**If applicable, to be completed by the head of the research group in which the ECR would be employed (HRE):**

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| **Will salary support (including all necessary social security contributions) be provided for the ECR should the proposed MCID-funded project be accepted for funding? (yes/no/not applicable)** |
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| **If yes, please state:****- the source of this funding****- the date until which this support is guaranteed****- the percentage at which funding is guaranteed by the host institute/department** |
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| **If no/not applicable, please explain:** |
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Please acknowledge agreement of the ECR and the HD to this letter of support agreement by signing the document below:

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| **ECRG-W Applicant Name** |  |
| **ECRG-W Prospective Affiliation** |  |

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| --- | --- | --- |
|  |  |  |
| Date |  | Signature |

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| **Head of Department / Institute Director, Name:** |  |
| **Head of Department / Institute Director, Affiliation:** |  |

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|  |  |  |
| Date |  | Signature |

If applicable:

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| **Head of Research Group,** **Name:** |  |
| **Head of Research Group, Affiliation:** |  |

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|  |  |  |
| Date |  | Signature |