|  |
| --- |
| **ABOUT THE APPLICANT** |
| Applicant's: Name | Click or tap to enter text |
| First Name | Click or tap to enter text |
| Sciper | Click or tap to enter text |
| Lab | Click or tap to enter text |
| Head of Lab Name & First Name | Click or tap to enter text |
| Expected return date from maternity | Click or tap to enter text |

|  |
| --- |
| **Requested amounts (one year)** |
| EGA (max 15’000 CHF) | Click or tap to enter text |
| Lab (min 5’000 CHF) | Click or tap to enter text |
| **Total**  | Click or tap to enter text |

|  |
| --- |
| **CHOSEN VARIANT** |
| 1. [ ]  **With a (temporary) reduction of the contractual work-rate.**
 |
| Applicant’s current contractual work rate:  | Click or tap to enter text |
| Adapted contractual work rate: | Click or tap to enter text %. |
| Start date: | Click or tap to enter text | End date: | Click or tap to enter text |
| 1. [ ]  **Without reduction of contractual work-rate.**
 |
| Applicant’s current contractual work rate: | Click or tap to enter text %. |

|  |
| --- |
| **Information on use and expected impact of the RGG** |
| Please describe how the requested amounts will be used. |
| Click or tap to enter text |
|  |
| If the contractual work rate is reduced (Variant A), please describe **specifically** how the resources that are made available will be used (i.e. indicate share allocated for the benefit of the postdocs’ project, and concrete use in line with the above mentioned aim).  |
| Click or tap to enter text |
|  |
| Please describe the arrangements between applicant and supervisor/head of laboratory that will ensure a work flexibility resulting in an increased availability for the child[[1]](#footnote-1) (mandatory for variant A / facultative for variant B).  |
| Click or tap here to enter text. |

|  |
| --- |
| *Herewith, I confirm that I accept the conditions and fulfill the requirements set forth in the application guidelines with regard to implication in childcare.*Applicant signature |

|  |
| --- |
| *Herewith, I confirm that I accept the conditions of the application guidelines and that I commit to the financial matching.*Head of lab signature |

**Attached documents:**

[ ]  A support letter from the Head of laboratory

[ ]  For male applicants, justification showing that his partner works at a minimum work rate of 80 % (e.g., copy of work contract or certificate of employer)

[ ]  Other annexes please specify: Click or tap here to enter text.

Please submit the application forms together with annexes to bureau.egalite@epfl.ch

1. For example : “the candidate will be able to take care of his/her child on Wednesday afternoon”, “the candidate will not require to take care of cell culture on Saturdays as currently required by her/his project ; this work will be delegated to an assistant financed by the grant”, etc. [↑](#footnote-ref-1)