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| **ABOUT THE APPLICANTS** | |
| PhD Candidate: Name | Click or tap to enter text |
| PhD Candidate: First Name | Click or tap to enter text |
| Sciper | Click or tap to enter text |
| Doctoral Program | Click or tap to enter text |
| Start PhD (yyyy, mm) | Click or tap to enter text |
| Expected Date Public Defense (yyyy, mm) | Click or tap to enter text |
| PhD Thesis Director: Name & First Name | Click or tap to enter text |
| PhD Thesis Co-Director: Name & First Name (if applicable) |  |
| Lab or Chair | Click or tap to enter text |
| Head of Lab: Name & First Name | Click or tap to enter text |
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| Child: Date of birth (yyyy,mm,dd) | Click or tap to enter text |
| Expected return date from maternity | Click or tap to enter text |

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| **Requested amounts (one year)** | |
| RGG (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 |

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| **CHOSEN VARIANT** | | | |
| 1. **Without reduction of contractual work-rate.** | | | |
| Applicant’s current contractual work rate: | | Click or tap to enter text %. | |
| 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 |

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| **Information on use and expected impact of the RGG** |
| Please describe how the requested amounts will be used. |
| Click or tap to enter text |
| Please indicate the time-period when the requested amount will be used. |
| Click or tap to enter text |
|  |
| Please describe the arrangements between applicant PhD Candidate and supervisor/head of laboratory that will ensure a work flexibility resulting in an increased availability for the child[[1]](#footnote-1) . |
| Click or tap here to enter text. |

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| If the contractual work rate is reduced (Variant B), please describe how the resources that are made available will be used. |
| Click or tap to enter text |
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| *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 PhD Candidate signature |

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

**Attached documents:**

A support letter from the PhD thesis director(s) /Head of laboratory

For a non-birthing PhD candidate, justification showing that the partner works or studies at a minimum 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](mailto: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)