**Confirmation of research facilities and support**

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Applicant’s name Name of the proposed host

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Name of the host institute

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Address of the host institute (Street, Postal Code, City/Town, Country)

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Contact data of the host institute (phone number, fax number, e-mail address)

I herewith confirm that all the facilities, equipment and consumables necessary to carry out the research are available and that I am authorised to provide a workplace for the applicant.

I herewith declare that I am unaware of any facts or particular aspects that could speak against sponsorship, for example with regard to the applicant’s personal integrity, potential conflicts with legally binding principles of scientific ethics, the rules of good scientific practice or the danger of armaments-related technology transfer as laid down in statutory regulations etc. All security-relevant aspects ([Information on the handling of security-relevant research](https://www.humboldt-foundation.de/en/explore/about-the-humboldt-foundation/security-relevant-research)) of the research outline and the planned cooperation have been addressed according to the ethical regulations of my institution. Should I become cognisant of any such issues during the current selection procedure, or should proceedings be initiated for a contravention of the rules of good scientific practice, I shall inform the Foundation immediately.

I confirm that there is neither a close personal relationship (marriage, civil partnership), nor an immediate family relationship (parent, brother/sister, child) between the applicant and myself.

I affirm that if sponsorship is granted the researcher will be covered by the same safety and occupational health conditions as other researchers working at the institute. I will act as the applicant’s academic mentor and guarantee both the academic supervision of the research stay and the observation of the rules of good scientific practice (c.f. information for hosts on the Humboldt Foundation´s website) as well as of legally binding principles of scientific ethics in the context of supervision.

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Place / Date Signature

**Data privacy statement**

I hereby agree to the Alexander von Humboldt Foundation (AvH) storing the information relating to my person and position collected as part of the present application and using this data to process the application.

I furthermore consent to the Alexander von Humboldt Foundation electronically storing and processing data relating to my person (surname, first name, academic title, field of research, gender, postal address, e-mail address, current university/institution) and to the use of this data for purposes of review, statistics and evaluation by the Alexander von Humboldt Foundation and its authorised processors in accordance with Article 28 of the General Data Protection Regulation (GDPR); the results of the evaluation will be published only in a cumulative, anonymised form.

I hereby agree to AvH, in the event that the application is approved, publishing this information, stating my name, academic title, field of research and information on the host institute in connection with the funding decision.

I hereby agree to my data being stored on AvH servers for the above-mentioned purposes as well as to facilitate the processing of later applications or, in the case of processing on behalf of the controller, on the processor's servers; personal data will not be transferred to third parties as defined by Article 4 (10) of the General Data Protection Regulation (GDPR).

I have also been informed that my consent to the collection, processing and use of my data is voluntary and that I may revoke my consent at any time for the future. Where applicable, I will send my revocation to info@avh.de. In the event that I revoke my consent while the application is still being processed, my data will be erased. Should I revoke my consent after the rejected application has been processed, my data will be anonymised.

Data protection officer of the Alexander von Humboldt Foundation: [datenschutzbeauftragter@avh.de](mailto:datenschutzbeauftragter@avh.de)

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Place / Date Signature

as of 02/2024