ACCOUNTING FOR CAREER INTERRUPTIONS/UNORTHODOX CAREER PATHS

Please use this form if you wish to request consideration of a justifiable and verifiable career interruption or delay. For more information, please refer to the [Information Sheet](https://www.fwf.ac.at/fileadmin/Website/Dokumente/Foerdern/Portfolio/Programmuebergreifende_Dokumente/fwf_information_career_break.pdf) on Career Interruptions. If there is any uncertainty about accounting for career interruptions, the FWF recommends contacting the FWF Office in good time before submitting the application to confirm that any career interruptions can be accounted for. In cases of doubt, the appropriate decision-making bodies of the FWF shall decide on applicants’ eligibility.

Please provide only the necessary information and include no third-party data, or only as little as possible.

|  |  |
| --- | --- |
| NAME |  |
| SEX[[1]](#footnote-2) | [ ]  Female [ ]  Male [ ]  Non-binary [ ]  Intersex [ ]  Open [ ]  No entry  |
| TITLE OF THE SUBMITTED PROJECT APPLICATION |  |
| DURATION OF THE CAREER INTERRUPTION/DELAY |  |

GROUNDS FOR CAREER INTERRUPTION/DELAY OR FOR UNORTHODOX CAREER PATH (Please check as appropriate, multiple answers are possible):

[ ]  Pregnancy/birth/childcare[[2]](#footnote-3)

Please enter the birthdate(s) of the child or children here:

[ ]  Military or civilian service

[ ]  Disability

[ ]  Long-term illness

[ ]  Care of immediate relatives and/or persons living in the same household[[3]](#footnote-4)

[ ]  Flight and asylum

Other reason equivalent to those listed above:

CONFIRMATION OF GROUNDS (check all that apply):

[ ]  I have already submitted a confirmation of my special personal situation in writing to the FWF/research institution or am submitting it with my application (please see the information sheet for required documents).[[4]](#footnote-5)

Please indicate briefly which documents you have submitted/are submitting, e.g.: Confirmation from your employer, confirmation from your educational institution, proof of military or civilian service, etc.:

[ ]  If you have caregiving obligations: medical certification of the grounds for the career interruption/delay indicated above (to be completed by a physician):

[ ]  In the event of a disability or long-term illness: medical certification of the grounds for the career interruption/delay indicated above (to be completed by your physician):

It is hereby confirmed that

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the care recipient)

required constant care, assistance, and/or nursing

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Relationship of the care recipient to the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Doctor's stamp Date and signature

It is hereby confirmed that

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant)

 [ ]  had to interrupt their professional activity

 [ ]  was only able to pursue their professional activities to a limited extent

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

due to a disability/long-term illness.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor's stamp Date and signature

|  |  |
| --- | --- |
| City, date |  |
| Signature (applicant) |  |

**Consent to the processing of your voluntary information including special categories of personal data[[5]](#footnote-6)**

To process your personal data, we require a declaration of consent to the following, provided by checking the box and signing this form.

**Consent to internal data processing by the FWF:**

[ ]  I expressly consent to the processing of the data listed above that I have provided voluntarily, including special categories of personal data, for the purpose of internal verification by the FWF office of my eligibility to apply. The data will be stored for as long as needed for confirmation and to ensure eventual project implementation. I may contact the FWF to revoke this consent wholly or in part at any time with effect for the future. I do not need to state grounds for withdrawing my consent. This does not affect the legality of any previous processing. In the event that I have provided special categories of personal data regarding third parties in this document (e.g. in the case of a caregiving obligation), I ensure that provision of this data is compliant with data protection regulations (e.g. through consent).

|  |  |
| --- | --- |
| City, date |  |
| Signature (applicant) |  |

To withdraw your consent to internal data processing by the FWF, please write to the following address:

Austrian Science Fund (FWF)

[INSERT ADDRESS or E-MAIL ADDRESS]

For further information on the processing of personal data, please refer to the FWF's Privacy Policy, available at [Data Protection (fwf.ac.at)](https://www.fwf.ac.at/en/data-protection).

1. Data as listed in the central register of births, marriages, and deaths (*zentrales Personenstandsregister*, ZPR) or the central civil register (*Melderegister*, ZMR) [↑](#footnote-ref-2)
2. Childcare includes parental leave periods, if applicable. [↑](#footnote-ref-3)
3. Immediate family members and/or persons living in the same household: Spouses, registered partners, parents, children, adopted, step, and foster children, siblings, parents-in-law, and children-in-law. [↑](#footnote-ref-4)
4. If you wish to submit further supporting documents in addition to those listed in the form, please submit them directly to the FWF Office. These will not be visible to your research institution. [↑](#footnote-ref-5)
5. According to Article 9 of the GDPR, special categories of personal data include the following: Data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership. Furthermore, this includes the processing of genetic data, biometric data for the unique identification of a natural person, health data, or data concerning the sex life or sexual orientation of a natural person. [↑](#footnote-ref-6)