

Please complete this questionnaire and return it to the DFG as soon as it has been established when you intend to take up the fellowship, enclosing the relevant supporting documents (including those requested in the award letter).

## Questionnaire on Fellowship Start

**Deutsche Forschungsgemeinschaft  
- Fellowship Office -  
53170 Bonn, Germany**

or by digital transmission with attachments to the [contact person responsible](#)<sup>1)</sup>

☐ **Walter Benjamin Fellowship**   ☐ **Return Grant**   ☐ **Heisenberg Fellowship**

DFG reference number:		Cost item no. as stated in the award letter:	
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Title, last name, first name(s):

\_\_\_\_\_

Date of birth:

E-mail address \_\_\_\_\_

The DFG will notify you regularly by e-mail of events relevant to your fellowship that may be of interest to you. The legal basis for this is the legitimate interest of the DFG pursuant to Art. 6 (1)(f) GDPR. *You have the right to object, on grounds relating to your particular situation, at any time to processing of personal data concerning you which is based on point (f) of Article 6 Paragraph 1 GDPR (data processing in accordance with a balancing of interests). The DFG will no longer process the personal data after receipt of the objection, unless compelling legitimate grounds for the processing can be demonstrated which outweigh your interests, rights and freedoms or the processing is for the establishment, exercise or defence of legal claims. If you have any objections, please send them to: DFG, [contact person responsible](#) during the fellowship.*

### 1. Desired start of fellowship (only possibly on the first of a month):

Start of fellowship:

\_\_\_\_\_

day                      month                      year

From when will you be/since when have you been  
at the fellowship location abroad?

\_\_\_\_\_

day                      month                      year

In the case of more than one period of stay abroad:

Host country: \_\_\_\_\_ period (from/to): \_\_\_\_\_

Host country: \_\_\_\_\_ period (from/to): \_\_\_\_\_

Host country: \_\_\_\_\_ period (from/to): \_\_\_\_\_

### 2. Accompanying spouse/life partner and/or child/children:

I am married as of the start of the fellowship                      yes ☐ no ☐

I have \_\_\_\_\_ child/children (resident and cared for in my household)

\*according to the German Act on Registered Life Partnerships (Lebenspartnerschaftsgesetz – LPartG) (please attach copies of the marriage certificate, birth certificate(s), certificate(s) issued by the family benefits office (Familienkasse) as appropriate).

My family will be accompanying me to the fellowship location abroad:

Spouse/life partner:      from \_\_\_\_\_ to \_\_\_\_\_

Child/children:              from \_\_\_\_\_ to \_\_\_\_\_

<sup>1)</sup> In the event of electronic submission, please e-mail the completed form and attachments as an encrypted pdf/zip file, sending the password via a different medium (separate e-mail/telephone), to the contact person responsible (Fellowship Office).

**Deutsche Forschungsgemeinschaft**

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Tel.: + 49 228 885-1 · Fax: + 49 228 885-2777 · postmaster@dfg.de · www.dfg.de



### 3. Income during the fellowship period:

(Please enclose documentary evidence (see footnotes); after this you are only required to report any changes and monetary subsidies (amount/period)).

- ☐ Host top-up payment to reach the applicable minimum income/up to postdoc level<sup>2)</sup>
- ☐ Host payment to cover ongoing health insurance<sup>3)</sup>
- ☐ Lump-sum host subsidies to the cost of living and non-cash benefits<sup>4)</sup>
- ☐ Parental allowance<sup>5)</sup> in the amount of: \_\_\_\_\_ period: from \_\_\_\_\_ to \_\_\_\_\_
- ☐ Entitlement to child allowance<sup>6)</sup> in the period: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- ☐ Income from paid employment<sup>7)</sup>: \_\_\_\_\_  
in the amount of: \_\_\_\_\_ currency: \_\_\_\_\_ from/to: \_\_\_\_\_

<sup>2)</sup> Host confirmation regarding top-up payment amounting to no more than the applicable minimum income up to postdoc level.

<sup>3)</sup> Please submit the first gross salary statement.

<sup>4-7)</sup> Please submit documentary evidence accordingly.

<sup>6)</sup> The entitlement to child allowance must be stated – regardless of whether it is paid to you or the other parent.

### 4. Income of spouse/life partner during the fellowship period:

- ☐ Not in receipt of a fellowship
- ☐ \* In receipt of a fellowship from: \_\_\_\_\_ period (from/to): \_\_\_\_\_  
In the case of a DFG fellowship, please state DFG reference number: \_\_\_\_\_
- ☐ \* Receipt of a foreign allowance

\*If the spouse/life partner is in receipt of a foreign allowance themselves, the fellowship holder is categorised as single and therefore receives a foreign allowance of their own. An increased family-related foreign allowance is granted to a fellowship holder whose spouse/life partner is not entitled to a foreign allowance.

### 5. - Applicable to Heisenberg Fellowships only -

Subsidy for health insurance contributions analogue to Section 257 Social Code V (Sozialgesetzbuch – SGB V):

please enclose a copy of the insurance contract/membership certificate.

You are asked to submit updated documentary evidence for each subsequent calendar year.

### 6. Bank details in Germany (also in the case of stays abroad):

(Please note that the fellowship payment is only transferred to the award recipient's (current) account in Germany.)

Account holder: \_\_\_\_\_

Bank: \_\_\_\_\_

IBAN: DE

### Declaration of commitment

I confirm with my signature that the information I have provided is correct and that I undertake to inform the DFG of any changes to the information provided in this questionnaire.

### Acceptance of the award conditions

☐ I hereby accept the conditions stated in the award letter including the Funding Guidelines referred to therein.

### Data Protection

Please note DFG form 2.00 and the DFG's data protection notice on research funding, which is available for viewing and download at [www.dfg.de/privacy\\_policy](http://www.dfg.de/privacy_policy). Please forward this data protection notice to those individuals whose data will be processed by the DFG as a result of being named in this form as part of the information required for processing your application.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_