



Research / Educational Program

Personal data of Clinical Fellow:

Family name:	<input type="text"/>	First name:	<input type="text"/>
Title:	<input type="text"/>	Date of birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> other

at the

Department:	<input type="text"/>
Division:	<input type="text"/>
Head of clinical department:	<input type="text"/>
Head of division:	<input type="text"/>
Supervisor:	<input type="text"/>
for the period of time from	<input type="text"/> to <input type="text"/>

Please consider that the content of the research/ educational program is the basis for the Clinical Fellowship and will be evaluated by the responsible authorities in the process of granting the permit for the Clinical Fellow.

Detailed description of the research/educational program

The program contain a detailed description of all research/ educational tasks the Clinical Fellow will carry out throughout the Clinical Fellowship. The list of knowledge, experience and skills below should be used as a guideline for the program.

The Clinical Fellowship should be evaluated on the basis of the following requirements:

A) Knowledge

- Biomedical ethics
- Good scientific practice
- Clinical and experimental study designs
- Scientific theory
- Statistical methods

B) Experience

- Writing an abstract, a scientific presentation or publication
- Scientific project/ time management
- Basic statistics
- Selection and application of methods on the research project

C) Skills

Report about research project subject

Identification and selection of a bio-medical-ethical problem

Verbalization and processing of a concrete hypothesis

Preparation of project proposal and presentation

Elaboration of project proposal and presentation

Display of research results in written and oral form

Documentation of scientific data

Selection, assessment and interpretation of appropriate statistical methods

Description (min. 2000 characters incl. spaces):

MUSTER

For the Medical University of Graz:

Date (dd.mm.yyyy):

Name and signature
Head of Institute/ Department XXX
Stamp of Department

Name and signature
Head of Division XXX

Name and signature
Supervisor

The Clinical Fellow:

Date (dd.mm.yyyy):

Name and signature
Clinical Fellow

The proposed content of the research / educational program has been fulfilled / not fulfilled.¹

Date (dd.mm.yyyy):

Name and signature
Head of Institute/ Department XXX
Stamp of Department XXX

Name and signature
Head of Division XXX

Name and signature
Supervisor

¹ Please choose the one that applies.