

1. Personal Information

Titel		E-Mail	
Last name	h	Telephone privat	
First name		Telephone official	
Birth Date		Pace of birth	
Nationality/ Nationalities		Institute /clinic and OE	
Child(ren) (please specify ages)		Mother's highest vocational degree	
		Father's highest vocational degree	
Single parent	☐ yes ☐ no		
Care responsibility	☐ yes ☐ no	Degree of Disability	

2. Information on the Professional Field and Employment

Degree programm:
Further training (fachärztliche Weiterbildung)
started in:
How much do you work at the TiHo in %:
Is your position temporary? If yes, until when is your position limited?
☐ no ☐ until
Please tell us about your everyday working life in a few words:

3. Are you supported by a research network (z.B. SFB, FOR, RESIST, SIIRI)? If yes, through which organization are you supported?

☐

Yes, supported by

☐

No

4. Promotion

☐

started, year _____

☐

finished, year _____

5. a, Please state your next planned career step:

5. b, Describe your next scientific project in keywords:
(e.g. publications, research etc.)

6. Do you pursue a specific career goal (e.g. stay in academia, obtain professorship)? If so, please state it:

7. What teaching achievements/ supervision services have you completed (attach evidence if applicable)

- a. teaching (number of courses/seminars, estimated number of hours)

b. supervision services (BA, MA, number of students, estimated supervision effort)

8. Have you already been able to acquire third-party funding?
(e.g. scholarships, prizes, collaborations on proposal)

9. Do you work on the committees of the TiHo? Please name them.

10. Publications, lectures and posters (please list separately)

11. Please attach the following documents to this profile form:

- A tabular CV (curriculum vitae) with an academic career (in reverse chronological order)
- Motivation letter (expectations for the mentoring program and the mentoring partnership, personal situation that motivated you to apply)

Please submit all application documents **compiled into a single PDF file by email** to gleichstellung@tiho-hannover.de by **October 15, 2026**.

If you have any questions, please feel free to contact Claudia Froböse gleichstellung@tiho-hannover.de or by telephone +49 511 953-8033.

Consent form

I agree that my data be included in the science file and that my email address will be included in the scientist's email distribution list of the Gender Equality Office of MHH and the Equal Opportunities Office of TiHo. I am aware that the data may also be used for research purposes in anonymized form after the end of the Early Career Mentoring Program.

PROFILE SHEET MENTEES

Early Career Mentoring

Early Career Mentoring



Medizinische Hochschule
Hannover



In the event of participation, I consent to the storage of personal data for the purposes of event management as well as to the appropriate sharing of data with the respective mentor. I understand that I can revoke this consent in whole or in part at any time with effect for the future.

I have taken note of the **data protection agreement in accordance with the GDPR**.

At the same time, I agree to participate in surveys to evaluate the programme.

Place, Date

Signature