# **Application form**

|  |  |
| --- | --- |
| Name of the Applicant: |  |
| Application Title: |  |

I hereby acknowledge that I have **read and understood** **the call** of the Momentum MSCA Programme – Call 1, including **its annexes**, and I hereby **accept the conditions and requirements** contained therein.

I hereby certify that **all the data**, information and documents I have provided as part of my application to the Momentum MSCA Programme 2025 **are complete, true and correct**.

I understand and declare that **all proofs of my eligibility to apply and my eligibility for allowances, that are not public documents, must be uploaded as PDF attachments** along with my application before the submission deadline (31 May 2025). For proofs that are **public documents, only the document identification numbers must be provided** at the time of submission. I further understand and agree that the **original public documents must be presented during an online video call** before the contract signing, and **the same original public documents must be presented in person at the time of signing the employment contract**.

I declare that my application and the **research activities** planned therein **comply with the** **applicable international and national law, codes of conduct for research integrity as well as the applicable environmental regulations**.

I declare that the **research activities** described in the application

**do not require any authorization** by a competent authority\*.

**require authorization(s)** by the competent authority, which I will submit to Momentum MSCA Office, in addition, I hereby pledge to obtain all authorizations prior to the start of any activities requiring such authorization, and to provide proof of their acquisition\*.

\* *Select the appropriate option by ticking the box.*

**Ethics Issues Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Human Embryonic Stem Cells and Human Embryos** | | | |
| Does this activity involve Human Embryonic Stem Cells (hESCs)? | | | Yes / No\* |
|  | Will they be directly derived from embryos within this project? | | Yes / No |
|  | Are they previously established cells lines? | | Yes / No |
|  | Are the cell lines registered in the European registry for human embryonic stem cell lines? | | Yes / No |
| Does this activity involve the use of human embryos? | | | Yes / No |
|  | Will the activity lead to their destruction? | | Yes / No |
| **2. Humans** | | | |
| Does this activity involve human participants? | | | Yes / No |
|  | Are they volunteers for non-medical studies (e.g. social or human sciences research)? | | Yes / No |
|  | Are they healthy volunteers for medical studies? | | Yes / No |
|  | Are they patients for medical studies? | | Yes / No |
|  | Are they potentially vulnerable individuals or groups? | | Yes / No |
|  | Are they children/minors? | | Yes / No |
|  | Are there other persons unable to give informed consent? | | Yes / No |
| Does this activity involve interventions (physical also including imaging technology, behavioural treatments, etc.) on the study participants? | | | Yes / No |
|  | Does it involve invasive techniques? | | Yes / No |
|  | Does it involve collection of biological samples? | | Yes / No |
| Does this activity involve conducting a clinical study as defined by the Clinical Trial Regulation (EU 536/2014)? (using pharmaceuticals, biologicals, radiopharmaceuticals, or advanced therapy medicinal products) | | | Yes / No |
|  | Is it a clinical trial? | | Yes / No |
|  | Is it a low-intervention clinical trial? | | Yes / No |
| **3. Human Cells / Tissues (not covered by section 1)** | | | |
| Does this activity involve the use of human cells or tissues? | | | Yes / No |
|  | Are they human embryonic or foetal cells or tissues? | | Yes / No |
|  | Are they available commercially? | | Yes / No |
|  | Are they obtained within this project? | | Yes / No |
|  | Are they obtained from another project, laboratory or institution? | | Yes / No |
|  | Are they obtained from biobank? | | Yes / No |
| **4. Personal Data** | | | |
| Does this activity involve processing of personal data? | | | Yes / No |
|  | Does it involve the processing of special categories of personal data (e.g.: genetic, biometric and health data, sexual lifestyle, ethnicity, political opinion, religious or philosophical beliefs)? | | Yes / No |
|  |  | Does it involve processing of genetic, biometric or health data? | Yes / No |
|  | Does it involve profiling, systematic monitoring of individuals, or processing of large scale of special categories of data or intrusive methods of data processing (such as, surveillance, geolocation tracking etc.)? | | Yes / No |
| Does this activity involve further processing of previously collected personal data (including use of pre-existing data sets or sources, merging existing data sets)? | | | Yes / No |
| Is it planned to export personal data from the EU to non-EU countries? Specify the type of personal data and countries involved. | | | Yes / No |
| Is it planned to import personal data from non-EU countries into the EU or from a non-EU country to another non-EU country? Specify the type of personal data and countries involved. | | | Yes / No |
| Does this activity involve the processing of personal data related to criminal convictions or offences? | | | Yes / No |
| **5. Animals** | | | |
| Does this activity involve animals? | | | Yes / No |
|  | Are they vertebrates? | | Yes / No |
|  | Are they non-human primates? (NHP) | | Yes / No |
|  | Are they genetically modified? | | Yes / No |
|  | Are they cloned farm animals? | | Yes / No |
|  | Are they endangered species? | | Yes / No |
| **6. Non-EU Countries** | | | |
| Will some of the activities be carried out in non-EU countries? | | | Yes / No |
| In case non-UE countries are involved, do the activities undertaken in these countries raise potential ethics issues? | | | Yes / No |
| It is planned to use local resources (e.g. animal and/or human tissue samples, genetic material, live animals, human remains, materials of historical value, endangered fauna or flora samples, etc.)? | | | Yes / No |
| Is it planned to import any material (other than data) from non-EU countries into the EU or from a non-EU country to another non-EU country? For data imports, see section 4. | | | Yes / No |
| Is it planned to export any material (other than data) from the EU to non-EU countries? For data exports, see section 4. | | | Yes / No |
| Does this activity involve low and/or lower middle income countries? (if yes, detail the benefit-sharing actions planned in the ***Ethics self-assessment***) | | | Yes / No |
| Could the situation in the country put the individuals taking part in the activity at risk? | | | Yes / No |
| **7. Environment, Health and Safety** | | | |
| Does this activity involve the use of substances or processes that may cause harm to the environment, to animals or plants (during the implementation of the activity or further to the use of the results, as a possible impact)? | | | Yes / No |
| Does this activity deal with endangered fauna and/or flora / protected areas? | | | Yes / No |
| Does this activity involve the use of substances or processes that may cause harm to humans, including those performing the activity (during the implementation of the activity or further to the use of the results, as a possible impact)? | | | Yes / No |
| **8. Artificial Intelligence** | | | |
| Does this activity involve the development, deployment and/or use of Artificial Intelligence? (if yes, detail in the ***Ethics self-assessment*** whether that could raise ethical concerns related to human rights and values and detail how this will be addressed) | | | Yes / No |
| **9. Other Ethics Issues** | | | |
| Are there any other ethics issues that should be taken into consideration? | | | Yes / No |
| I confirm that I have taken into account all ethics issues above and that, if any ethics issues apply, I will complete the ethics self-assessment as described in the guidelines [How to Complete your Ethics Self-Assessment](https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/common/guidance/how-to-complete-your-ethics-self-assessment_en.pdf) \* | | | |

**Mobility rule compliance**

I declare that according to the **mobility rule** I have not resided or carried out my main activity (work, studies, etc.) in Hungary for more than 12 months in the 3 years immediately before the call’s deadline (31 May 2025)[[1]](#footnote-1)\*.

or

I declare that during the period of ……………(dd/mm/yyyy) – m……………(dd/mm/yyyy) I am/I was a researcher with refugee status from ………………. (country)\*.

or

I hereby declare that during the period from …………… (dd/mm/yyyy) to …………… (dd/mm/yyyy), I was engaged in compulsory national service\*.

**Place of residence** (previous 3 years – most recent one first)

Indicate the period(s) and the country/countries in which you have legally resided and/or had your main activity (work, studies, etc) during the last 3 years up until the deadline for the submission of the application (1 June 2022 – 31 May 2025).

Please fill in this section without gaps and add/delete rows as needed. Please refer to Guidance on Required Documentation for Eligibility Verification and Allowances document on acceptable attachments and public documents.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Start (MM/YYY) | End (MM/YYYY) | | Duration (days) | Country | Name of Attachment as proof / Public document identification number | |
| *Example: 05/2022* | *05/2025* | | *1126* | *Finland* | *Employment\_contract\_2020-2025\_Jane\_Doe* | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
| **Total # of days outside Hungary:** | |  | | **Total # of days in Hungary:** | |  |

I declare that I am **not employed by any of the Momentum host organizations at the call deadline of 31 May 2025**.

**Eligibility for Family Allowance**

I declare that **I am NOT eligible** to receive **family allowance** for the Momentum MSCA fellowship in relation to my wife/husband/spouse and child/children.\*

or

I declare that **I am eligible** to receive **family allowance** for the Momentum MSCA fellowship in relation to my wife/husband/spouse and child/children.\*

|  |  |
| --- | --- |
| Type of public document as proof of family status | Public document identification number |
| *Example: Birth\_certificate\_John\_Doe\_child* | *AABB123456* |
|  |  |
|  |  |
|  |  |

I acknowledge that, in the event of any change in my family status, I am required to notify the Secretariat of MTA at [momentum.msca@office.mta.hu](mailto:momentum.msca@office.mta.hu) within 8 days in order to become eligible for the family allowance.

I understand that receiving the Momentum MSCA fellowship **implies / includes a full-time employment contract** and a **commitment to relocate and change your place of residence to Hungary** and temporarily to the location of secondments.

I hereby give my consent for all those involved in the administration and evaluation process of the Momentum MSCA Programme – Call 1 to have **full access to my application**.

Date:

Signature:

name of the Applicant

**type your name here**

1. Compulsory national service, short stays such as holidays and time spent as part of a procedure for obtaining refugee status under the Geneva Convention (1951 Refugee Convention and the 1967 Protocol) are not considered. Also note that the mobility rule is related to candidate’s residence or main activity and not to their nationality. During application candidates will be required to provide supporting documentation proving place(s) of residence or work during the previous 3 years. [↑](#footnote-ref-1)