

## Entry for the research and practical project directory

On the following pages you will find the project-related data and information to fill in.

To make it as easy as possible for us, we will link this PDF directly to the website. However, not the first page with this information and also not the last page with your permission for publication and your signature(s).

Therefore, please go to the second page to fill out the form and do not forget the last page with your signatures.

Please email this form to [info@tanzmedizin.com](mailto:info@tanzmedizin.com)

Note: All sections marked with \* are mandatory.

Thank you very much for your cooperation!

# Entry for the research and practical project directory

## Project name:

## KONTACT\*:

Main contact person:

First and last name\*:

E-Mail\*:

Other persons involved, first and last name:

Institution(s)\*: (For non institutional projects please state „privat“)

## PROJECT FRAMEWORK\*:

Term (start and end date):

Financing:

externally financed

self-financed

Project status:

Idea

planned

ongoing

**PROJECT DESCRIPTION (MAX. 200 Words) \*:**

Text

Key words (3-5):

**OPTIONAL: SEARCH:**

Are persons / services / support being sought?     Yes     No

If yes: Who is being sought (e.g. student, doctoral candidate, employee, participant):

Occupational groups / inclusion and exclusion criteria:

What is being sought?  
(e. g. Thesis on the topic / consultation / support / for...)

Start date (e. g. Now / date):

Closing date (e. g. Open / until date):

Payed:

Yes

No

Working hours (h/ week):

### **ACCESS RIDER: What do I need to be able to work well?**

Do any of the contact persons have specific access requirements, such as needing barrier-free locations, for collaborating on the project? ? [More information](#)

### **PRIVACY:**

By submitting the above information, you are providing data for a project directory at [www.tamed.eu](http://www.tamed.eu).

Further information on data protection can be found [here](#).

## AUTHORIZATION

An:  
ta.med - Tanzmedizin Deutschland e. V.  
Sternenallee 11  
64285 Darmstadt  
From:  
Person(s) stated in the document:

I / We agree to the publication of the above information in the following ta.med e.V. media channels:

- ta.med-Webseite
- Soziale Medien (Facebook, Instagram, X, YouTube, etc.)
- Printmedien

Place, Date:

Signature(s):