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| --- |
| **Joint call to strengthen collaboration between Ghent and Lille/Hauts-de-France Region:** **Short-term mobility** ***Application form*** |

Please complete this application form and name it using the following template: *GhentHautsdeFrancemobilityproject\_Project Acronym.* The application and any supporting documents must be submitted by June 13, 2019 at 10.00 am, GMT+1 via the following address:

* **For I-SITE Université Lille Nord-Europe members and external French partners:** **international@isite-ulne.fr**
* For Ghent University: Gijs.Coucke@UGent.be

**General information about the project**

|  |  |
| --- | --- |
| Title of the mobility project | [ ]  |
| Acronym | [ ]  |
| Principal applicant | [Last name] | [First name] |
| Position | [ ]  |
| Contact information | [Phone] | [Email] |
| Faculty, school, Department (if academic projects) Laboratory, research unit, institute (if research projects)  | [ ]  |
| Employer (*University/ Grande École/ Research Organism*) | [ ]  |

|  |  |
| --- | --- |
| **Partner information** |  |
| Partner institution #1 |  [ ]  |
| Contact person at the partner institution  | [Last Name] | [First Name] |
| Position | [ ]  |
| Faculty, school, department (for academic projects) Laboratory, research unit, institute (for research projects) | [ ]  |
| Contact information | [Phone] | [Email] |
|  |  |
| Partner institution #2 *(if applicable)* |  [ ]  |
| Contact person at the partner institution  | [Last Name] | [First Name] |
| Position | [ ]  |
| Faculty, school, department (for academic projects) Laboratory, research unit, institute (for research projects) | [ ]  |
| Contact information | [Phone] | [Email] |

**Project description**

|  |  |
| --- | --- |
| Summary of the project*What is the purpose of the project of mobility?**How will the project strengthen cooperation with the partner institution?**Is there any previous cooperation with this/these partner(s)?* *What are the expected results? Are future actions planned for after the mobility?* | [*2000 characters maximum (including spaces)*] |
| Date(s) of the mobility | [ ] |
| *Will students or other colleagues participate in this mobility project?* | [ ]  Yes[ ]  No |
| *If ‘Yes’ list the following information for each: Last name, first name, phone, email, position and home institution/university* |   |
| Signature of the principal applicant  | [Date] | [Signature] |

**Requested budget**

*A maximum of € 6,000 per project may be requested (€ 3,000 per delegation).*

For each person or delegation in mobility, please copy/paste the following table:

|  |  |
| --- | --- |
| Name(s) and last name(s) |   |
| Destination | From:  | To:  |
| Dates of mobility |   |
|  |
| Housing costs |  € |
| Meal costs |  € |
| Transportation |  € |
| Total amount |  € |
|  |
| Comments |  |

|  |
| --- |
| Ancillary costs[[1]](#footnote-1) |
| *Please specify your request*  |    |

|  |
| --- |
| **General** **budget** |
| Housing costs |  € |
| Meal costs |  € |
| Transportation |  € |
| Ancillary costs |  € |
| Total amount |  € |
| External funding |  € |
| Total budget requested |  € |

1. The Funding may not be used for purchases of equipment or consumables, publications, cost for external consultancy and/or translation and interpretation cost. The grants do not cover travel insurance. [↑](#footnote-ref-1)