|  |
| --- |
| **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**](mailto:international@isite-ulne.fr)
* For Ghent University: [Gijs.Coucke@UGent.be](mailto: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)