|  |
| --- |
| ECIU Research Mobility FundApplication Form 2024 |
| Personal Information |
| Name:Phone: Email:Department:Position: |
| Proposed collaboration partner*(please include additional collaborators as required)* |
| Name (1):University, School/Department:Link to collaborator’s academic webpage: |
| Name (2):University, School/Department:Link to collaborator’s academic webpage: |
| Motivation for selection of host for potential collaboration partner |
|  |
| Aim of proposed mobility collaboration |
|  |
| Activities planned during visit |
|  |

|  |  |
| --- | --- |
| **Travel and funding** |  |
| **Period of travel (planned dates)*(minimum 5 days)*** |  |
| **Total funds requested and distribution*****(5000€ maximum)*** |  |
| **Approval** |  |
| **Scientific Supervisor or Department Director**  |  |
| **Signature** |  |
| **Date** |  |

|  |
| --- |
| **Application Sign-off** |
|  I confirm that I have a written acceptance statement (an e-mail is sufficient) from the host university.  |
| I understand that if awarded funding, I will be required to write a brief report within (*specify duration*) of finalizing the research visit, to account for expenditure and summarizing the outcomes of the mobility collaboration.  |
| **Name, signature and date** |
|  |

**Before sending the form to the local contact person for the ECIU Research Mobility Fund, please remember:**

* To get in touch with the local contact person for ECIU Research Mobility Fund
 *(see the list on the ECIU website -* [*http://eciu.org/for-staff/research-mobility-fund*](http://eciu.org/for-staff/research-mobility-fund)*)*
* To get a written confirmation (e-mail) that the hosting institution will receive you
* To check that all requested information has been included in this form