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| **Research Mobility Fund**  Application for EU-CONEXUS Staff Research Mobility  EU-CONEXUS Research Mobility Programme for the academic year 2022/2023 for face-to-face mobilities, for teaching and research staff, doctoral students, postdoctoral researchers. | | |
| Applicant (name, surname): | | |
| 1. University: 2. Faculty/Research unit (Department, Laboratory, Centre, Institute): 3. Research team: |  | |
| Type of mobility: | 󠇂 Research visit  󠇂 Conference, workshop (indicate)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  󠇂 Training course (indicate)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Hosting institution |  | |
| If it is a research visit, please indicate a collaborating researcher and Host institution: | Faculty/Research unit (Department, Laboratory, Centre, Institute):  Name, surname:  Contact details | |
| If it is a training course, please indicate the title of the course, the Host institution where it will take place and the lecturer/speaker | Title of the course:  Host institution:  Speaker / Lecturer name:  Contact details of organiser at host institution: | |
| Description: | 1. **Overall objectives of the mobility and expected results** 2. What are the objectives/expected results of the proposed activity being pursued by the applicant at the hosting institution 3. Will the stay advance or have a substantial impact upon the research activities or contribute to a better understanding of it 4. How will the mobility benefit the researcher’s career? (ex: publications, joint project, report, tests, visits, relevant contacts, know-how, others…) 5. How will the benefits from this stay transcend the applicant and hosting institutions? (To which extent the whole consortium can benefit from it with new collaboration projects ) 6. **Innovation**   To what degree does the mobility grant support an innovative approach that is new to the applicant institution or new to the entire field of study nationally and internationally? (Please describe in as much detail as possible)   1. **Cooperative linkages /Partnerships and collaborative efforts** 2. Does the mobility grant have significant potential for advancing cooperative ventures between the applicant institution and the receiving institution? 3. Will the mobility encourage and facilitate better working relationships in the EU-CONEXUS consortium? 4. Does the mobility encourage appropriate multi-disciplinary collaboration? 5. Will the mobility lead to long-term relationships or cooperative partnerships that are likely to enhance research quality or supplement available resources? 6. Will it strengthen the research capacity of the applicant institution and that of the receiving institution? 7. **Activities to be carried out** (Please provide a detailed working plan / timetable as much as possible) | |
| Dates and duration: |  | |
| Budget estimation: | Transportation: train, plane… =  Living expenses (Per diem) = Others (details) =  TOTAL = | |
| Applicant | | Receiving institution |
|  | | *If it is a conference or a training course, please provide the acceptance, invitation or any other relevant document* |
| Applicant’s institution |
| Rec*Please provide the agreement document / recommendation letter from the head of unit or any other senior manager of the institution* |