



APPLICATION PROCEDURE

Completed applications, signed by the Institution legal representative i.e. Head of Institution, Head of International Education or Registrar, should be emailed directly to goistaffmobility@hea.ie. See the Guidelines for Applicants 2017-2018 for information on how to use the PDF application form process.

Queries should be directed to Mr Gerry O'Sullivan, Head of International Education, at gerry@hea.ie

EVALUATION

The HEA will establish a panel which will include independent external expertise to evaluate the HEI proposals received.

APPLICATION HEADINGS

- 1. Participating Organisations
 - a. Proposed coordinator
 - b. Proposed partner/s
- 2. Project Description
 - a. Activity details
 - b. Budget description
 - c. Narrative description
- 3. Confirmation that funding for this project is not available from any other source
- 4. Signature of Legal Representative of applicant Institution i.e. Head of Institution, Head of International Education or Registrar
- 5. Check list
- 6. Submission area

Please ensure you read the accompanying guide when completing this application





1.	Participating Organisation
1a	Proposed co-ordinator
Hig	er Education Institution:
Naı	ne of co-ordinator:
Titl	of co-ordinator:
Dej	artment of co-ordinator:
Ado	ress of Institution:
Tel	phone:
E-n	ail:
We	osite- (Specific Departmental link):





1b Proposed partner/s

ID	Name of Partner Institution	Partner	Contact Person	Contact Email
		Country		
1				
2				
3				
4				
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2. Project Description

2a Summary of activities

Partner	Staff category	Country of	Total Requested	Total Number of
ID		Destination	Duration (in days)	Participants





2b Budget description

Please list each mobility separately - note Per Diem rate is €

Partner ID	Staff category	Number of mobilities	Country of Destination	Total number of days including travel days	Individual support (Per Diem	Travel cost *	Total Grant requested
					cost)		

Continued overleaf





2b Budget description (continued)

Partner ID	Staff category	Number of mobilities	Country of Destination	Total number of days including travel days	Individual support (Per Diem cost)	Travel cost*	Total Grant requested
				·	_		
				· · · · · · · · · · · · · · · · · · ·			





2b Budget Description- Overall totals

Total number	Total number of days	Total Grant	
of	including travel days	requested	
participants			

The Higher Education Authority will consider a request for increased Per Diem provided a clear justification is made (please provide the information in the box provided below). However, there is no guarantee the HEA will be in a position to provide funding towards an increased daily rate

Request for additional Per Diem funding		
Additional amount requested		

^{*} The travel costs should be as close to the real costs as possible as it may not be possible for the HEA to provide additional funding once the budget is approved.





2c	Please outline the proposed project under the following six headings				
Rele	Relevance (30 MARKS) max 5000 characters				
Inno	vation (15 MARKS) max 2500 characters				
Qual	ity of the mobility arrangements (15 MARKS) max 2500 characters				
Qual	ity of the activity design and implementation (15 MARKS) max 2500 characters				





Impact (15 MARKS) max 2500 characters
Sustainability (10 MARKS) max 2500 characters
3. Please confirm below that funding for this project is not available from any other source





4. Signature of Legal Representative of coordinating Institution

I, the undersigned, certify that the information contained in this application form is correct to the best of my knowledge. Please print this page, include signature of legal representative (Head of Institution, Head of International Education or Registrar) and attach scanned copy of this page with your application

Name of the applicant institution

Name of the legal representative

Signature of the legal representative

Place

Date

5. Checklist

- □ All fields are completed in full
- □ Signature of legal representative of applicant Institution is included
- □ A copy of the application is retained by the coordinating Institution

6. Submission area

Once you have completed all sections of your application form, please press Submit below. An automatic email will open on your screen -you will then need to attach the scanned copy of this page and press send in order to submit your application.

Submit