

## **Government of Ireland Academic Mobility Programme**

**CALL 2018-2019**

**Deadline for submission of applications:**

**17.00 hours Friday 26th October 2018**

### **APPLICATION PROCEDURE**

Completed applications, signed by the Institution legal representative (Head of Institution, Head of International Education or Registrar) should be emailed directly to [goistaffmobility@hea.ie](mailto:goistaffmobility@hea.ie).

Queries should be directed to Mr Gerry O'Sullivan, Head of International Education at [gerry@hea.ie](mailto: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. Project Description
  - b. Budget description
  - c. Narrative description
3. Details of previous funding received
4. Signature of Legal Representative of applicant Institution
5. Check list
6. Submission area

**Please ensure you read the accompanying guide when completing this application**

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### **1. Participating Organisation**

**1a Proposed co-ordinator**

**Higher Education Institution:**

**Name of co-ordinator:**

**Title of co-ordinator:**

**Department of co-ordinator:**

**Address of Institution:**

**Telephone:**

**E-mail:**

**Website- (Specific Departmental link):**

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### 1b Proposed partner/s

	Name of Partner Institution	Partner Country	Contact Person	Contact Email
1				
2				
3				
4				
5				
6				
7				
8				
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10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

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### 2a Details of Project(s)

Project Number	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
1				
Proposed Project Title				
Narrative Description of Proposed Project				
	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
2				
Proposed Project Title				
Narrative Description of Proposed Project				
	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
3				
Proposed Project Title				
Narrative Description of Proposed Project				

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### 2a Details of Project(s)

Project Number	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
4				
Proposed Project Title				
Narrative Description of Proposed Project				
	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
5				
Proposed Project Title				
Narrative Description of Proposed Project				
	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
6				
Proposed Project Title				
Narrative Description of Proposed Project				

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### 2a Details of Project(s)

Project Number	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
7				
Proposed Project Title				
Narrative Description of Proposed Project				
	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
8				
Proposed Project Title				
Narrative Description of Proposed Project				
	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
9				
Proposed Project Title				
Narrative Description of Proposed Project				

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### 2a Details of Project(s)

Project Number	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
10				
Proposed Project Title				
Narrative Description of Proposed Project				
	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
11				
Proposed Project Title				
Narrative Description of Proposed Project				
	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
12				
Proposed Project Title				
Narrative Description of Proposed Project				

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### 2a Details of Project(s)

Project Number	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
13				
Proposed Project Title				
Narrative Description of Proposed Project				
	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
14				
Proposed Project Title				
Narrative Description of Proposed Project				
	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
15				
Proposed Project Title				
Narrative Description of Proposed Project				



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### 2a Details of Project(s)

Project Number	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
16				
Proposed Project Title				
Narrative Description of Proposed Project				
	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
17				
Proposed Project Title				
Narrative Description of Proposed Project				
	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
18				
Proposed Project Title				
Narrative Description of Proposed Project				

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### 2a Details of Project(s)

Project Number	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
19				
Proposed Project Title				
Narrative Description of Proposed Project				
	Staff category	Country of Destination	Requested Duration (in days)	Number of Participants
20				
Proposed Project Title				
Narrative Description of Proposed Project				



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**Please itemise each mobility individually. Note Per Diem rate is €180**

<b>Total Number of participants</b>		<b>Total Duration</b>		<b>Total Grant Requested</b>	
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[illegible]

**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

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**2c Please outline the proposed project under the following six headings**

**Relevance (30 MARKS) max 5000 characters (1000 words)**

**Innovation (15 MARKS) max 5000 characters (1000 words)**

**Quality of the mobility arrangements (15 MARKS) max 5000 characters (1000 words)**

**Quality of the activity design and implementation (15 MARKS) max 5000 characters (1000 words)**

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### 1. Details of previous funding, if any

Please outline below if you have received any previous funding for these activities including under GOI-IAMP 2017.

### 2. Signature of Legal Representative of co-ordinating Institution

I, the undersigned, certify that the information contained in this application form is correct to the best of my knowledge. Note that the electronic signature of the legal representative is required below

Name of the applicant institution

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Name of the legal representative

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Signature of the legal representative

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Place

---

Date

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### 3. 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

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### **1. Submission area**

Once you have completed all sections of your application form, please press Submit below.

An automatic email will open on your screen and you will then need to press send in order to submit your application. You should then receive an automated reply confirming submission of your email

**Submit**