

**Exploratory Mobility Programme (section B)**

**Joint Workshops Programme (section C)**

**APPLICATION FORM**

Please note: Section A of this form is common to both strands and must be filled in for every application. Applicants can choose whether to apply for Sections B and C, or both. If funding for both is requested, section D must also be completed.

1. **General information**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **INSERM APPLICANT** | | |
| **1. Name** | *Last name:* | |
| *First name:* | |
| **2. Date and place of birth** | *Day/month/year:* | |
| Place of birth: |  |
| **3. Contact address** | Address: |  |
| Tel: |  |
| Email address: |  |
| **4. Current appointment** | Institution: |  |
| Department: |  |
| Position: |  |
| **6. Selection of scientific publications over the last five years (please select only 5 among the most relevant for this application):** |  | |
|  | |
|  | |
|  | |
|  | |
|  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **TAIWAN APPLICANT** | | |
| **1. Name** | *Last name:* | |
| *First name:* | |
| **2. Date and place of birth** | *Day/month/year:* | |
| Place of birth: |  |
| **3. Contact address** | Address: |  |
| Tel: |  |
| Email address: |  |
| **4. Current appointment** | Institution: |  |
| Department: |  |
| Position: |  |
| **6. Selection of scientific publications over the last five years (please select only 5 among the most relevant for this application):** |  | |
|  | |
|  | |
|  | |
|  | |
|  | |

1. **Exploratory mobility**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Scientific purpose of the proposed research visit:** |  | | | | | |
| **2. Duration of the foreseen visit:** | From |  | | | *Proposed date of arrival* | |
| To |  | | | *Proposed date of departure* | |
| **3. Main scientific focus areas** |  | |  | | | |
| **4. Institutions, platforms, research facilities and scientists you propose to visit, if already identified** | Institution(s) | | | Contact of Host scientist(s) | | Period of stay |
|  | | |  | | days |
|  | | |  | | days |
|  | | |  | | days |
|  | | |  | | days |
|  | | |  | | days |

|  |  |
| --- | --- |
| **5. Other general comments or information you would like to add:** |  |

1. **Joint workshops**

|  |  |
| --- | --- |
| **1.       General information** | |
| *Title of the workshop* |  |
| *Location (city + country)* |  |
| *Dates* |  |
| *Number of speakers* |  |
| *Number of participants* |  |
| **2.       Description of the workshop** | |
| *a)       Scientific objective* |  |
| *b)       Outline of the programme* |  |
| *c)       Expected outcomes* |  |
| **3.       Tentative list of speakers (please provide the name, institution and title/focus of the presentation)** | |
| a) From France |  |
|  |  |
| b) From Taiwan |  |
|  |  |
| **4.       Requested funds** | |
| *Please provide an outline of the budget you deem necessary for the organisation of the event, e.g. travel expenses, room rental, catering, equipment/supplies, etc.* |  |
| **5.       Other information** | |
|  | |

1. **Synergy between the mobility and the workshops (\*ONLY to be filled in if you request funding for both instruments)**