



BVP-SBP
SHORT-TERM RESEARCH
OR TRAINING
FELLOWSHIPS
APPLICATION FORM

SUPPORTED BY THE **BVP-SBP** MAJOR SPONSORS :



Application Form

1. FELLOWSHIP SOUGHT

Title of proposed project :

Fellowship programme (one programme only)

Research

Training

Four keywords :

2. APPLICANT PERSONAL DETAILS

Last name :

First names :

Date of birth :

Nationality :

Present position :

Since when (date) :

Name and address
of the home institution :

Telephone :

Fax :

E-mail :

3. HOME SUPERVISOR

Last name :

First names :

Present position :

Since when (date) :

Name and address
of the home institution
(if different from above) :

Telephone :

Fax :

E-mail :

4. HOST SUPERVISOR

Last name :
First names :
Date of birth :
Nationality :
Present position :
Since when (date) :
Name and address
of the host institution :

Telephone :
Fax :
E-mail :

5. PROFESSIONAL QUALIFICATIONS AND EXPERIENCE OF THE APPLICANT

University/College/Other :
Field of study :
Degree/Diploma :
Year in which obtained :
Previous fellowships (if applicable) :
Year of award :
Number of publications in international peer-reviewed periodicals as per date of this application
in English :
in other languages :
Last two previous positions :
Position Name of employer from – to

- 1)
- 2)

6. ADDITIONAL MATERIAL TO BE PROVIDED SEPARATELY

From the applicant :

- a short curriculum vitae (1 page maximum)
- publication list
- project description (4 pages maximum)

From the home supervisor :

- Home Supervisor Release Form

From the host supervisor :

- Host Acceptance Form

7. DECLARATIONS

If you have applied for other financial support, or receive income from your home or host institution during the proposed fellowship period it will not affect the selection procedure adopted by the BVP-SBP. If successful, however the BVP-SBP will usually reduce its normal financial intervention by a corresponding sum.

What is your present monthly net salary ?

How much would you continue to receive if a fellowship were granted to you ?

Will you have other annual professional income payable during the fellowship period ?

Yes No If yes, give details :

Have you applied to another funding source for support for the same project and period ?

Yes No If yes, give details :

Will you be receiving any income (salaries, fellowships, travel grants, etc.) from the host institution during the period of the proposed fellowship ?

Yes No If yes, give details :

If the application is successful, I hereby declare that I shall return to my home institution at the end of the fellowship. I certify that the foregoing statements are true and complete to the best of my knowledge. I understand that any false statement is sufficient cause for rejection of this application or for cancellation of a fellowship already awarded.

Date :

Signature :

Home Supervisor Release Form

TO BE COMPLETED BY THE APPLICANT

Name of applicant :

Name of home institution :

Name of home supervisor :

Fellowship programme (one programme only)

Research

Training

Title of proposed project :

Proposed start and finish dates : _____ = _____ months in total

TO BE COMPLETED BY THE HOME SUPERVISOR

Will the applicant receive any income (salaries, fellowships, travel grants, etc.) from the home institution during the period of the proposed fellowship ?

Yes No If yes, give details :

- a.** I authorize the candidate to leave their home institution during the planned project period.
- b.** If the application is successful, I hereby declare that he/she will return to their home institution at the end of the fellowship. If successful, a position will be open to the fellow on completion of the fellowship.
- c.** I confirm the relevance of the project and support the proposed work.
- d.** The BVP-SBP fellowships provides the recipient with a subsistence allowance to cover the fellow's living costs and travelling expenses to the host institution. The fellow is not, therefore, an employee of the BVP-SBP, and hence the BVP-SBP does not accept liability for their actions, health, safety or research expenditures.
- e.** I certify that the foregoing statements are true and complete to the best of my knowledge. I understand that any false statement is sufficient cause for rejection of this application or for cancellation of a fellowship already awarded.

Date :

Home supervisor
signature :

**Please sign and return
this form to the applicant.**