**APPLICATION PROCEDURE**

Completed applications, signed by the Institution’s legal representative, should be emailed directly to goistaffmobility@hea.ie. Queries should be directed to Gerry O’Sullivan, Head of International Education at goistaffmobility@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
	1. Proposed co-ordinator
	2. Proposed partner/s
2. Project
	1. Project Description
	2. Budget description
	3. Narrative description
3. Details of previous funding received
4. Signature of Legal Representative of applicant Institution
5. Check list
6. Submission area
7. **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/Departmental link:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Partner Institution/s** | **Partner Country** | **Contact Person** | **Contact Email** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
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| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |
| **13** |  |  |  |  |
| **14** |  |  |  |  |

**1b Proposed partner/s**

1. **Project Description**

**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** |  |
|  | **Please add extra rows as needed for additional projects** |
|  |  |  |  |  |
|  |  |  |  |  |

**2b Budget Description**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Number of participants** |  | **Total Duration** |  | **Total Grant Requested** |  |

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

**\* The Per Diem (€180) costs should be represented as real costs as it may not be possible for the HEA to provide additional funding once the budget is approved.**

**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**  |  |

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

**Relevance (30 MARKS) Maximum 5,000 characters (1,000 words)**

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| --- |
|  |

**Innovation (15 MARKS) Maximum 5,000 characters (1,000 words)**

|  |
| --- |
|  |

**Quality of the mobility arrangements (15 MARKS) Maximum 5,000 characters (1,000 words)**

|  |
| --- |
|  |

**Quality of the activity design and implementation (15 MARKS)**

**Maximum 5,000 characters (1,000 words)**

|  |
| --- |
|  |

**Impact (15 MARKS) Maximum 5,000 characters (1,000 words)**

|  |
| --- |
|  |

**Sustainability (10 MARKS) Maximum 5,000 characters (1,000 words)**

|  |
| --- |
|  |

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

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

|  |
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|  |

1. **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the legal representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the legal representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **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**

1. **Submission area**

**Once you have completed all sections of your application form, please email the completed document to:** goistaffmobility@hea.ie