



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.

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. 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





| 1. Pa | rticipating Organisation |
|------------|-----------------------------------|
| 1 a | Proposed co-ordinator |
| Higher | Education Institution: |
| | |
| Name | of co-ordinator: |
| | |
| Title of | co-ordinator: |
| | |
| Depart | ment of co-ordinator: |
| ۸ddro | ss of Institution: |
| Addres | s of institution. |
| Teleph | one: |
| · | |
| E-mail: | |
| | |
| Websit | te- (Specific Departmental link): |





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1b Proposed partner/s

| | Name of Partner Institution | Partner | Contact Person | Contact Email |
|----|-----------------------------|---------|-----------------------|---------------|
| | | Country | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
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| 19 | | | | |
| 20 | | | | |





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





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| Project Number | Staff category | Country of | Requested Duration | Number of |
|----------------|----------------|-------------|---------------------------|--------------|
| | | Destination | (in days) | Participants |
| 4 | | | - | |
| Proposed | | | · | |
| Project Title | | | | |
| Narrative | | | | |
| Description of | | | | |
| Proposed | | | | |
| Project | | | | |
| | | | | 1 |
| | Staff category | Country of | Requested Duration | Number of |
| | | Destination | (in days) | Participants |
| 5 | | | | |
| Proposed | | | | |
| Project Title | | | | |
| Narrative | | | | |
| Description of | | | | |
| Proposed | | | | |
| Project | | | | |
| | | | | |
| | Staff category | Country of | Requested Duration | Number of |
| | | Destination | (in days) | Participants |
| 6 | | | | |
| Proposed | | | | |
| Project Title | | | | |
| Narrative | | | | |
| Description of | | | | |
| Proposed | | | | |
| Project | | | | |





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





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





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





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| Project Number | Starr category | Destination | (in days) | Participants |
|----------------|----------------|-------------|--------------------|--------------|
| 16 | | | , , , | · |
| Proposed | | | | |
| Project Title | | | | |
| Narrative | | | | |
| Description of | | | | |
| Proposed | | | | |
| Project | | | | |
| | | , | | T. |
| | Staff category | Country of | Requested Duration | Number of |
| | | Destination | (in days) | Participants |
| 17 | | | | |
| Proposed | | | | |
| Project Title | | | | |
| Narrative | | | | |
| Description of | | | | |
| Proposed | | | | |
| Project | | | | |
| | | | | 1 |
| | Staff category | Country of | Requested Duration | Number of |
| | | Destination | (in days) | Participants |
| 18 | | | | |
| Proposed | | | | |
| Project Title | | | | |
| Narrative | | | | |
| Description of | | | | |
| Proposed | | | | |
| Project | | | | |





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





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2b Budget Description

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

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

| Project Number | Staff category | Number of participants | Country of Destination | Total number of days including travel days | Individual support (Per Diem cost) | Travel cost (based on real costs incurred) * | Total Grant requested |
|-------------------|-------------------|------------------------|---------------------------|--|---|---|-----------------------------|
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^{*} 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 | |
|---|--|
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| | |
| | |
| Additional amount requested | |





| 2 c | Please outline the proposed project under the following six headings | | |
|------------|--|--|--|
| Rele | vance (30 MARKS) max 5000 characters (1000 words) | | |
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| | | | |
| | | | |
| | | | |
| Inno | vation (15 MARKS) max 5000 characters (1000 words) | | |
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| Qua | lity of the mobility arrangements (15 MARKS) max 5000 characters (1000 words) | | |
| | | | |
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| | lity of the activity design and implementation (15 MARKS) max 5000 characters 0 words) | | |
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| Impact (15 MARKS) Maximum 5,000 characters (1,000 words) | | | |
|--|--|--|--|
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| Sus | stainability (10 MARKS) Maximum 5,000 characters (1,000 words) | | |
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| 1. Details of previous funding, if a | anv | 1 |
|--------------------------------------|-----|---|
|--------------------------------------|-----|---|

| Please outline below if you have received any previous funding for these activities including under GOI-IAMP 2017. | | | |
|--|----------------------|--|--|
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| | | | |
| | | | |
| | | | |
| 2. Signature of Legal Representative of co-ord | linating 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 | | | |
| | | | |

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 and automated reply confirming submission of your email

Submit