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|  |  | This form may be photocopied. |
| **Nordic Scholarship Scheme****for the Baltic Countries** |  |
| **APPLICATION FORM** **Nordic Organisations’ and Institutions’ Mobility programme - NOIM****Please complete this form in English. Type or use block letters.****e-mail to the Nordic Council of Ministers Office in Estonia** |
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| **I. INDIVIDUAL APPLICANT** |
| 1. NAME Family name   | First name  |
| 2. DATE OF BIRTH | 3. SEX

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Female

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Male | 4. NATIONALITY

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Estonian

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Russian

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Other....................................(Specify) |
| 5. PROFESSIONAL TITLE , tel, mobile, e-mail address:  |
| 6. HOME INSTITUTION/PLACE OF WORK OR STUDY (full address, telephone, fax, e-mail, name and title of contact person): |
| 7. NORDIC HOST INSTITUTION (full addresses, telephones, faxes, e-mails, names and titles of contact person/s): |
| 8. CONTACT ESTABLISHED

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YES |
| 9. FIELD OF STUDY  |
| 10. DATES OF THE STUDY TRIP | 11. STUDY TRIP TO Denmark .................. Finland ................... Iceland .................. Norway..................... Sweden....................  |

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| 12. PURPOSE OF STAY IN HOST COUNTRIES Give a detailed plan for the study visit with timetable of meetings.  |
| 13. HOW WILL YOUR EXPERIENCE BENEFIT YOUR ORGANISATION? DESCRIBE HOW THE GAINED EXPERIENCE WILL BE SHARED WITH YOUR COLLEAGUES?  |
| 14. budget (in your national currency) for your travel with specifications of travel costs and accommodation (fare and lodging). TRANSPORTATION COSTS (including internal transportation during the study period):INSURANCE: |
| ACCOMMODATION (estimated accommodation costs):  A) per day (1 night): B) in total:Maximum 1000 DKK (135 EUR) per day for accommodation and board can be applied from NCMBOARD (daily allowances): A) per day: B) in total: Co-FINANCING received from other sources :

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YES

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NO If yes, state the applied/received sum as well as source:  |
| **TOTAL BUDGET:****AMOUNT APPLIED FROM THE NORDIC COUNCIL OF MINISTERS:**(civil servant can apply up to 70% of the whole budget) |
| SIGNATURE**I hereby confirm that the above stated information is correct**--------------------------------------------------- --------------------------- -------------------------------------------------Place Date Signature |