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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     |  | | --- | |  |   Female   |  | | --- | |  |   Male | 4. NATIONALITY   |  | | --- | |  |   Estonian   |  | | --- | |  |   Russian   |  | | --- | |  |   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   |  | | --- | |  |   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 NCM  BOARD (daily allowances):  A) per day:  B) in total:  Co-FINANCING received from other sources :   |  | | --- | |  |   YES   |  | | --- | |  |   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 | |