## Application for Scholarship on Intra-ACP Mobility Scheme (Staff Mobility)









## Staff Mobility Application Form A) About this Form This form is for online application for SHARE staff mobility scholarships (See Project Brochure at www.Asharecap.com). Please download the MS Word version of the form, complete it using computer and sent it (together with other required documents) as attachment to: shareproject@caes.mak.ac.ug. Only applications submitted electronically will be considered. The Deadline for submission of application is Mid-night of 21st June 2014, East African time. **B)** Personal Information \*Title Mr/Mrs/Miss/etc) \*Family/Surname Name \*Given Names \*Date of Birth(DD/MM/YY) \*Gender \*Country of Birth Female Male \*Nationality \*Language \*Country of (s) Spoken Residence Field of specialization C) Applicant Contact Details \*Email: \*Alternative Email: Postal Address: Telephone (Mobile): Telephone (office) D) Home/sending Institution Name of Institution Country \*City \*State/Province/ \*Zip/Postal code Region E) Professional Background Qualifications of the applicant (insert additional rows if necessary) Year Qualification Institution where attained

- **F)** Recent Publications (if any) Please give a maximum of four recent publications
- 1.
- 2.
- 3.
- 4.

G) Empl	oyment Reco	rd (n	nax. three most re	ecent)						
From To Month/Year Month/Year		ear	Position held and Place of Work			Name of Employer				
	11 11 11									
	t Institution					T _				
Name of Institution		Dep	Department/Field of Specialization			Country				
N. I. 4	1 1 4 14									
	nded activitie	s du	ring mobility			T				
Activities						Expected outcomes				
	J) Benefits t		e partner institution the mobility will benefit						plain ho	ow the outcomes
l	() Required S	Supp	orting Documenta	ation						
	e of employment in a te curriculum vitae	partner	higher education institution							
3. Letter of	support from the ser									
	L) Further Inf									
			versity to plan support s				bility p	eriod.		ı
Have you any additional requirements that might affect your stay in the hours institution during the mobility period? <i>If so, please give details</i>						st	Yes	5	No	
			· •				•	•	•	
Decla	aration									
		on I a	declare that the inf	ormation	provide	ed in this a	nppli	cation	and f	he supportin
			lete. I understand t							
			sis of information t							
			n and during my en							
			P Mobility Scheme)							
		nd th	nat SHARE Secreta	ariat will	keep a	all my pers	sona	linfo	rmatio	n confidentia
unless otherw	ise.						- 1			
Signature:				Date:						
						1				1