Annual Mobility Grants 8th Call

2025  
Application Form

Name: First Name Last Name

Function: Add Function

“Sending” Institution: Name of the instution, Country

Host Institution: Name of the institution, Country

**TO NOTE/**

* By applying and signing this form, the applicants acknowledges having read and accepted the guidelines of the Mobility Grants Program
* Incomplete applications will be considered ineligible and will not be accepted.
* This document must be filled in English. No other language will be accepted
* This document must be filled electronically. Hand written form will not be accepted, except for signatures and stamps
* Respect the numbers of words (minimum and maximum)
* This form must be sent to [mobilitygrants@outlook.com](mailto:mobilitygrants@outlook.com), only during the WEEK indicated in the calendar

**MOTIVATION AND PROJECT**

Explain below your mobility project, your motivation and your expectations. Please note that this part is the most important in your application. This part aims to explain to the host institution your project and to convince it to accept your request, as well as to convince the steering committee. More information to know how fill in this part in the Guidelines (*Tool Kit for applicants 🡪 Detailed application procedure 🡪 Detailed info*)

Criteria to respect:

* Minimum 500 words - Maximum 800 words
* Write your text in the dedicated section

Some advises:

* Make in depth research about the requested host institution (website, social media, press, organizational chart, etc)
* Explain the choice of the requested host institution (any differences and similarities with the sending institution? Interest in specific project?)
* Explain your objectives with the mobility: added values, new competences, working methods, new vision, etc personal/ professionals’ benefits
* Describe what you would like to do? To see ? Who would like to meet?
* What are the concret outputs?
* Don't be generic and vague (i.e “my aim is to share experiences”), be concrete. The aim of this program is to share experiences so you have to develop

***Motivation and project – Add your text****:*

***Add the words total numbers:***Cliquez ou appuyez ici pour entrer du texte.

**Additional questions:**

* 1. Have you visited the host institution before or do you know some employees of the host organization? If yes, thanks to indicate his contact (name, function, etc.)

Add answer

1.2 Suggested period of your mobility: Add answer

1.3 Working Language and language skills: Add answer

**APPLICANT**

**I/ Personal Data**

1.1 First Name: Add answer

1.2 Last Name: Add answer

1.3 Male or Female (optional): Choisissez un élément.

1.4 Institution of the Applicant*:* Name of the institution, Country

1.5 Date of Birth*:* Cliquez ou appuyez ici pour entrer une date.

1.6 Address: Add answer

1.7 Post code: Add answer

1.8 Country:Add answer

1.9 Tel: Add answer

1.10 Mobile: Add answer

1.11 Email : Add answer

1.12 Visa (necessary or not) : Choisissez un élément.

1.13 Any restrictions to participate in the program (medical, legal, others):Add answer

**II/ Professional Data**  
2.1 Current position (function-department) : Add answer

2.2 Education (only the main information - academic/professional institutions, professional courses, other – provide year of completion): maximum 150 words

***Education – Add your text:***Cliquez ou appuyez ici pour entrer du texte.

***Add the words total numbers****:* Cliquez ou appuyez ici pour entrer du texte.

2.3 Current position and Professional Experience

In a short text (minimum 200 words - maximum 300 words), please give some indications about your current position, your daily tasks and any relevant information about your professional background)

***Current position and Professional Experience:***Cliquez ou appuyez ici pour entrer du texte.

***Add the words total numbers****:* Cliquez ou appuyez ici pour entrer du texte.

2.4 If any, Publications - Awards – Scholarships:(provide only the 3 important ones)

*Add answer 1 :* Cliquez ou appuyez ici pour entrer du texte.

*Add answer 2 :* Cliquez ou appuyez ici pour entrer du texte.

*Add answer 3 :* Cliquez ou appuyez ici pour entrer du texte.

2.5 Participation in activities of the Network of European Royal Residences over the last years (technical meetings, cooperation projects as EPICO, Palace Day, etc)

Add answer

2.6 Participation in international projects, events, programs, exchanges   
(please specify project/program name, location, year of participation and your responsibilities/position related to it)

Add answer

**ADMINISTRATIVE SECTION**

**I/ Financial data of the applicant for bank transfer**

1.1 ACCOUNT (name of the owner): Add answer

1.2 IBAN: Add answer

1.3 BIC: Add answer

1.4 SWIFT: Add answer

Please check the accuracy of your data to avoid problems and delays when paying the 1st part of your grant

**II/ Principle Agreement of the sending institution and the applicant**

**Applicant’s institution**

Manager’s full name : Add answer

Position : Add answer

Signature of the manager *(either electronic or by hand)*

Stamp of the institution / manager *(if available)*

**Applicant**

By applying and signing this form, the applicant acknowledges having read, accepted and respected the guidelines of the Mobility Grants Program

Full Name of the Applicant Add answer

Signature *(either electronic or by hand)*