**Short Term Mobility Funding**

**Application Form 2019/20**

This application form is to be completed by any Cardiff Metropolitan University member of staff for partial financial support for Short Term Mobility (STM) of students. Please ensure this application form is completed in full and in conjunction with the STM Application Guidelines.

Once completed, the signed form should be returned to STM@Cardiffmet.ac.uk by the following deadline:

|  |  |
| --- | --- |
| **Call for Applications 2019/20** | **1st October 2019** |

|  |  |
| --- | --- |
| **APPLICATION OVERVIEW** | |
| School |  |
| Academic Lead |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 1: MOBILITY DESCRIPTION AND RATIONALE** | | | | | | | |
| Where would the activity take place? *(City and country. Name the host institution if applicable)* | | | | | | | |
|  | | | | | | | |
| Please describe the type of activity that this funding will support. (E.g. Summer school, Field Visit, Internship…). (200 words maximum.) | | | | | | | |
|  | | | | | | | |
| Is this proposal based upon an existing partnership or collaboration? If yes, please detail below | | | | | | | |
|  | | | | | | | |
| Please provide a detailed rationale of the activity, including the anticipated outcomes of this activity, benefits to the students and information on how students will engage with overseas institutions/industries.(**minimum** 100 words) | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Part 2: ANTICIPATED COSTS AND NUMBERS OF PARTICIPANTS** | | | | | | | | |
| When will the activity take place? | | | | | | | | |
|  | | | | | | | | |
| What is the expected duration? (*in days, including travel days)* | | | | | | | | |
|  | | | | | | | | |
| How many students do you anticipate will take part? | | | | | | | | |
|  | | | | | | | | |
| Is there a minimum number of participants required to make this activity viable? If so, please detail. | | | | | | | | |
|  | | | | | | | | |
| Please provide the selection criteria that will be used by the school to select the participating students. | | | | | | | | |
|  | | | | | | | | |
| There will need to be an assessment on the amount of funding that can be allocated to contribute to the costs of the activity. Please therefore provide below an estimated breakdown of the anticipated costs **for one student.** | | | | | | | | |
| **Travel** *(economy travel only)*  *Please attach quotation. Remember to consider travel to/from the airport and visas (if applicable).* | | | | | £ |  | | |
| **Accommodation**  *Please attach quotation* | | | | | £ |  | | |
| **Subsistence**  *Rate to use = £25 per day\*\**  *\*\*If accommodation includes breakfast, rate = £20 per day* | | | | | £ |  | | |
| **TOTAL EXPECTED COSTS** (for one student) | | | | | **£** |  | | |
| How many staff members do you anticipate will take part in the proposed activity? | | | | | | | | |
|  | | | | | | | | |
| With this application, are you applying for funding for these staff members? | | | | | | | | |
|  | | | | | | | | |
| If applying for funding for staff members, please provide detailed rationale and key outcomes of their involvement. (**minimum** 100 words)  *NB. If applying for more staff than the recommended ratio of 1:10, please clearly evidence the request for funding for each additional staff member.* | | | | | | | | |
|  | | | | | | | | |
| If applying for funding for staff members, please complete the following breakdown of the anticipated costs for **one staff member.** | | | | | | | | |
| **Travel** *(economy travel only)*  *Please attach quotation* | | | | | £ |  | | |
| **Accommodation**  *Please attach quotation* | | | | | £ |  | | |
| **Subsistence**  *Maximum of £25 per day – subject to usual staff expenses procedures* | | | | | £ |  | | |
| **TOTAL EXPECTED COSTS** (for one staff member) | | | | | **£** |  | | |
|  | | | | | | | | |
| **Part 3: PROPOSED TIMELINE**  Please detail below a forecasted timeline to demonstrate there is adequate time for planning and logistics | | | | | | | | |
| **Overseas Travel Authorisation\*** | | | |  | | | | |
| **Selection of Participants** | | | |  | | | | |
| **Visa Application Processing (if applicable)** | | | |  | | | | |
| **Flight / Hotel Reservations** | | | |  | | | | |
| **Activity Planning** | | | |  | | | | |
| ***\*All travel is subject to institutional approval and must comply with the FCO travel advice. If successful with your application, the necessary overseas travel permissions for both staff and students must be duly obtained as a condition of the funding*** | | | | | | | |
| **Part 4: APPLICANT DECLARATION AND SCHOOL APPROVAL** | | | | | | | |
| *If the application is successful, I commit to submitting all necessary receipts for travel/accommodation expenses and supporting documentation in relation to the visit. I will support the Global Opportunities Team in obtaining feedback and photos from the students for use in reporting and promotional activities.* | | | | | | | |
|  | | | **Print name** | | | | **Signature** |
| **Applicant Details** | | |  | | | |  |
| **School Contact**  ***(See Guidelines for name)*** | | |  | | | |  |
| **Associate Dean International *(if applicable)*** | | |  | | | |  |
| **Date** | | |  | | | | |
| *I confirm that I support this application and, if successful, I approve the activity taking place.* | | | | | | | |
|  | | | **Print name** | | | | **Signature** |
| **Dean of School** | | |  | | | |  |
| **Date** | | |  | | | | |
|  | |  | | | | | |