**HIGHER EDUCATION LINKS TRAVEL GRANT APPLICATION FORM 2019 -2020**

Please complete the application form below in full, following the word limits specified where applicable. The completed scanned form and supporting documents should be sent to: **HELinks.Argentina@britishcouncil.org**

**APPLICATION SUMMARY**

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| **APPLICANT DETAILS** |
| **Name:** |
| **Job title:** |
| **Institution:** |
| **Email:** |
| **VISIT SUMMARY** |
| **Name of the applicant’s home institution (the institution the applicant is travelling from):** |
| **Name of the host institution (where the visit will take place):** |
| **Duration of the planned visit (between one week and one month):** |
| **Planned start date of the visit:** |
| **Please provide a brief description of the subject area for the visit and subsequent planned collaboration:**  No more than 100 words. |
| **Which priority area does this collaboration relate to? (Please refer to the HELINKS Travel Grant guidelines for a list of the selected priority areas for this call):**  No more than 100 words. |

**SECTION 1**

**Applicant: Information**

|  |  |
| --- | --- |
| Title Mr/Ms/Dr/Prof |  |
| First name |  |
| Surname |  |
| Job title |  |
| Institution |  |
| Email |  |
| Telephone number Please include the country code |  |
| Please outline why you would be an appropriate candidate to undertake this trip, including any relevant experience, knowledge or interest. |  |

**Main Contact at Host Institution: Information**

|  |  |
| --- | --- |
| Title Mr/Ms/Dr/Prof |  |
| First name |  |
| Surname |  |
| Job title |  |
| Institution |  |
| Email |  |
| Telephone number Please include the country code |  |

**SECTION 2**

**Home Institution: Information**

|  |  |
| --- | --- |
| Institution (full legal name) |  |
| Participating department/faculty |  |
| Address |  |
| City |  |
| State/Province |  |
| Postcode |  |
| Country |  |
| Name of institutional representative This should be an individual in a relevant position of authority at the institution (eg head of department or similar) who will sign the letter of support required for submission with this application form. |  |

**Host Institution: Information**

|  |  |
| --- | --- |
| Institution (full legal name) |  |
| Participating department/faculty |  |
| Address |  |
| City |  |
| State/Province |  |
| Postcode |  |
| Country |  |
| Name of institutional representative This should be an individual in a relevant position of authority at the institution (eg head of department or similar) who will sign the letter of support required for submission with this application form. |  |

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| **Has there been any previous collaboration between the home and host institutions? If so, please provide details.** No more than 100 words. |
| **Please explain the rationale for the choice of partner institution.** No more than 150 words. |

**SECTION 3**

**Visit Information: Objectives, Agenda and Outcomes**

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| **What are the objectives of the visit?** No more than 150 words. |
| **Please provide an outline of the visit programme, including a tentative daily agenda for a one-week trip or the key weekly activities if the trip will last more than one week.** No more than 200 words. |
| **What are the anticipated outcomes of the visit? How would these outcomes translate into a future collaboration between the higher education institutions?** No more than 150 words. |
| **Describe in general terms what this future collaboration would look like. What would be its main goal and how would it contribute to building an institutional partnership?** No more than 150 words. |
| **Please identify potential stakeholders and beneficiaries of the activity undertaken in this trip and in the future collaboration.** No more than 100 words. |

**SECTION 4**

**Match Funding** Please describe how the following items would be covered through match funding.

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| Accommodation |  |
| Local transport |  |
| Meals |  |
| Other expenses |  |

**SECTION 5**

**Additional Information**

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| **Please use the space below to include any additional information that you feel is relevant to your proposal and has not been covered elsewhere in the application form.** No more than 150 words. |

**SECTION 6**

**Submission Information**

Please submit a copy of the following supporting documents with this application form:

1. A signed letter of support from an appropriate institutional authority (head of department or similar) at the applicant’s home institution and a corresponding signed letter of support from an authority at the host institution. The letters must be provided on official institutional letterhead paper.
2. The applicant’s CV

Please note that if the proposal is successful, the applicant will be asked to sign an offer letter confirming agreement to write and submit a final report to the British Council following the visit. This report will include information on activities undertaken during the visit, the outcomes of the visit, and a draft for the subsequent future collaboration between the HEIs, including planned actions for project execution.

**Pre-Submission Confirmation**

Please provide your confirmation in response to the following statements:

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| I have obtained permission from my home institution and the host institution to submit this application. | * Yes/No |
| * The participating individuals and their institutions have the professional resources, competencies and qualifications necessary to undertake the proposed activity. | * Yes/No |
| * Neither the home nor the host institution are bankrupt, in the process of being wound up, or having their affairs administered by the courts. | * Confirm / do not confirm. |
| * Neither the home nor the host institution have entered into an arrangement with creditors or suspended business activities, or have any analogous situation arising from a similar procedure provided for by national legislation or regulations. | * Confirm / do not confirm. |
| * Neither the applicant nor the partner participant(s) are guilty of grave professional misconduct proven by any means which the contracting authority can justify. | * Confirm / do not confirm. |
| * Neither the applicant nor the partner participant(s) have been the subject of a judgement which has the force of res judicata for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the British Council and partner organisations' financial interests. | * Confirm / do not confirm. |
| * Neither the applicant nor the partner participants are guilty of misrepresentation in supplying the information required as a condition for participation in the grant award procedure or of failure to supply this information. | * Confirm / do not confirm. |

In order to comply with UK government legislation, the British Council may, at any point during the application process, carry out searches of relevant third-party screening databases to ensure that neither the applicant institution nor any of the institution’s employees, partners, directors, shareholders is listed:

* as an individual or entity with whom national or supranational bodies have decreed organisations should not have financial dealings;
* as being wanted by Interpol or any national law enforcement body in connection with crime;
* as being subject to regulatory action by a national or international enforcement body;
* as being subject to export, trade or procurement controls or (in the case of an individual) as being disqualified from being a company director; and/or
* as being a heightened risk individual or organisation, or (in the case of an individual) a politically exposed person.

If the applicant or any other party is listed in a screening database for any of the reasons set out above, the British Council will assess the applicant as ineligible to apply for this grant call. The applicant must provide the British Council with all information reasonably requested by the British Council to complete the screening searches.

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| * **Before continuing, please confirm you have read and understood the above notice.** | * Yes/No |

**FAIR COLLECTION NOTICE**

**How do we use your information?**

The British Council will use the information that you provide for the purposes of processing your application, making any awards, monitoring and review of any award.

We shall share any necessary data on your application with the UK Department for Business Innovation and Skills, and with our funding partners in your country in order to assist with management of the application process; any decisions on grants will be made in collaboration with them.

Organisation details, where collected, are used for monitoring and evaluation and statistical purposes. Gender information, where collected, is used solely in preparing statistical reports.

The British Council collects country of origin for reporting and statistical purposes and to contact you within your own country.

Under UK Data Protection law, you have the right to ask for a copy of the information we hold on you, and the right to ask us to correct any inaccuracies in that information. For more details, please contact the British Council in Argentina or the Data Protection Team: [dataprotection@britishcouncil.org](mailto:dataprotection@britishcouncil.org). Alternatively, please see our website for further information: http://www.britishcouncil.org/privacy-cookies/data-protection

**DATA PROTECTION**

|  |  |
| --- | --- |
| Please confirm that you are willing for the British Council to share your information with partner organisations for the purpose of this funding application (please note: if you do not agree to this we may not be able to consider your application for funding). | * Confirm / do not confirm. |

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| --- | --- |
| Please confirm that you are willing for the British Council to publish information on successful applications (including the summary provided on the first page of this form) on their website, in promotional materials disseminated through any medium, and in reports and documents. The British Council will not publish personal details on their website or via other media without prior permission. | * Confirm / do not confirm. |

**Submission**

By signing this application, I certify that all of the information provided is correct and complete to the best of my knowledge and I agree to the conditions specified in the application guidelines.

Digital signature is applicable

|  |  |
| --- | --- |
| **APPLICANT**  Name | * Signature |
| **HOST INSTITUTION REPRESENTATIVE**  Name | Signature |

Please send a scanned copy of this application form, together with the required supporting documents, to: **HELinks.Argentina@britishcouncil.org**