ASEM-DUO Fellowship programme

“DUO Wallonia-Brussels” (Belgium)

Application Form 2021

Preliminary remarks to be read carfully

* The call for applications and a FAQ can be found online on the [website of ARES](https://www.ares-ac.be/en/relations-internationales/asem-duo-grant).
* The information provided in this form will be treated in confidence by ARES, the home and host institutions. Data from the form may be used for DUO Wallonia-Brussels statistical purposes, but only in an aggregated and non-identifiable manner.
* HEI stands for Higher Education Institutions.
* The application form must be typewritten and sent as a PDF document.
* The application must be sent by the contact person identified in the Wallonia-Brussels HEI.
* The application must be accompanied by resume (CV) of max 5 pages with a focus on the job experience relevant to the ASEM-DUO programme.
* ARES will not consider: applications sent without a Wallonia-Brussels candidate, incomplete application files, and applications received before February 15, 2021 or after April 15, 2021.

1. Candidate’s information
   1. Candidate from Wallonia-Brussels

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| --- | --- |
| **General information** | |
| First name |  |
| Family name |  |
| Date of birth |  |
| Gender |  |
| Nationality |  |
| Academic title |  |
| Higher education institution |  |
| Field of study |  |
| Department, faculty |  |
| Professional address (street, n°, ZIP code, city, country) |  |
| Private address (street, n°, ZIP code, city, country) |  |
| Mobile phone |  |
| E-mail |  |

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| --- | --- |
| **Financial information (Personal bank account)** | |
| Bank account holder |  |
| Bank account number (IBAN) |  |
| SWIFT code |  |
| Bank name |  |
| Address of the bank |  |

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| **Emergency contact person** | |
| First name |  |
| Family name |  |
| Mobile phone |  |
| E-mail |  |

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| **Description of the project** | |
| Title of the project |  |
| Description of the project (max. 600 words) | *The description of the project should be popularized in order to allow the jury to easily understand the purpose of the project and evaluate its quality and its original character.* |
| Purpose of the exchange |  |
| Academic/research topic |  |
| Proposed duration of the exchange (minimum 3 weeks, maximum 2 months) and explanation of the duration |  |
| Proposed date of departure (between 01/08/2021 and 31/08/2022) |  |
| Expected benefits of the exchange on the work and professional career of the applicant |  |
| Expected impact on the applicant’s HEI |  |

* 1. Candidate from Asia

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| --- | --- |
| **General information** | |
| First name |  |
| Family name |  |
| Date of birth |  |
| Gender |  |
| Nationality |  |
| Academic title |  |
| Higher education institution | Hallym University |
| Field of study |  |
| Department, faculty |  |
| Professional address (street, n°, ZIP code, city, country) | 1 Hallymdaehak-gil, Chuncheon, Gangwon 24252, South Korea |
| Private address (street, n°, ZIP code, city, country) |  |
| Mobile phone |  |
| E-mail |  |

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| --- | --- |
| **Financial information (Personal bank account)** | |
| Bank account holder |  |
| Bank account number (IBAN) |  |
| SWIFT code |  |
| Bank name |  |
| Address of the bank |  |

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| --- | --- |
| **Emergency contact person** | |
| First name |  |
| Family name |  |
| Mobile phone |  |
| E-mail |  |

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| --- | --- |
| **Description of the project** | |
| Title of the project |  |
| Description of the project (max 600 words) | *(Fill in this part if, and only if, the project is complementary, but different from the one described above)* |
| Purpose of the exchange |  |
| Academic/research topic |  |
| Proposed duration of the exchange (minimum 3 weeks, maximum 2 months) and explanation of the duration |  |
| Proposed date of departure (btw 01/08/2021 and 31/08/2022) |  |
| Expected benefits of the exchange on the work and professional career of the applicant and on his HEI |  |
| Expected impact on the applicant’s HEI |  |

1. Contact Person in the Higher education institutions

In each higher education institution, a contact person must be clearly identified. The contact person should ideally be the institution’s representative for international relations. The contact person in the Wallonia-Brussels HEI is responsible for sending a complete application, including the documents for both applicants.

* 1. Contact Person in the Wallonia-Brussels HEI

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| **Contact information** | |
| Title |  |
| First name |  |
| Family name |  |
| Status/Position |  |
| Address (street, n°, ZIP code, city, country) |  |
| Phone |  |
| Mobile phone |  |
| E-mail |  |

* 1. Contact Person in the Asian HEI

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| **Contact information** | |
| Title | Coordinator of International Relations |
| First name | Julianne |
| Family name | Ban |
| Status/Position | Supervisor, ISSO |
| Address (street, n°, ZIP code, city, country) | 1 Hallymdaehak-gil, Chuncheon, Gangwon 24252, South Korea |
| Phone | +82-33-248-1342 |
| Mobile phone |  |
| E-mail | julianne.ban@hallym.ac.kr |

1. Certification

I hereby certify that the information provided in this application is correct and complete and confirm that the applicants have read the call for applications and will abide by the terms and conditions specified in the guideline if they are selected. Any provision of inaccurate or false information or omission of information will render this application invalid and that, if selected on the basis of such information, the applicants can be required to withdraw from the award.

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| **Name and Signature of the Asian candidate** | |
| Name |  |
| Date |  |
| Signature |  |

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| **Name and Signature of the authorities of the Asian HEI** | |
| Name |  |
| Date |  |
| Signature |  |

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| **Name and Signature of the Wallonia-Brussels candidate** | |
| Name |  |
| Date |  |
| Signature |  |

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| --- | --- |
| **Name and Signature of the authorities of the Wallonia-Brussels HEI** | |
| Name |  |
| Date |  |
| Signature |  |