**APPLICATION FORM
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PROGRAMME EXPLORATION FRANCE
2018**

**APPLICATION DEADLINE: 28 FEBRUARY 2018**

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| **This application form must be accompanied by a CV in English (max. 2 pages).** |
| **It is highly recommended that candidates include letters of support from potential French hosts.** |

***CANDIDATE\****

(\*Please write your contact information both in English and in Japanese in the first box only)

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| **Surname:****日本人の場合は日本語の苗字 :**  |
| **Given name:****日本人の場合は日本語の名前 :****Nationality:**  |
| **Telephone:****Email address:**  |
| **University, research body, company name:****日本語の機関名:** **Name of the laboratory /department/institute:****日本語の部署名:Address of the laboratory /department/institute:** **Director’s name:****日本人の場合は日本語の氏名:**  |

***RESEARCH FIELD\****

(\*for assessment purposes, tick one single box)

🞎 Life Science and Health (**LSH**)

🞎 Agronomics, biodiversity, environment (**ABE**)

🞎 Physics, chemistry, materials (**PCM**)

🞎 Energy (**EnG**)

🞎 Engineering Sciences (**ES**)

🞎 Information and Communication Technologies (**ICT**)

🞎 Mathematics (**Maths**)

🞎 Earth science; science of the universe (astrology, astrophysics and cosmology); space (**EUS**)

 ***CANDIDATE’S RESEARCH ACTIVITIES***

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| **Description of the activities *(max. half page)*:**  |
| **List of the 5 most significant publications:** **International cooperation (*please list any past or present partnerships or collaborative projects with France*):**  |

 ***MOTIVATIONS FOR THE EXPLORATORY VISIT***

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| **Scientific and/or technological aims of the visit *(max. half page)*:**  |
| **Benefits or outcomes the visit is expected to yield *(max. half page)*:**  |

***ORGANISATION OF THE VISIT***

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| **Expected programme (dates, cities visited, persons met, laboratories, conferences, etc.):** **Breakdown of the provisional budget:** (For the airfare, please base your estimation on €1,050) |

***SUPPLEMENTARY INFORMATION***

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| **Have you already requested or received other financing for this visit:** yes / no**If so, please specify the source and amount:****Will this be a group visit:** yes / no**If so, please specify the names of the other participants and their affiliated laboratory:** |

 ***OTHER COMMENTS***

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