

European Master of Science Programme in International Health

SCHOLAR APPLICATION FORM

2011/2012

Please complete and return this form with the required documents to the following address:

tropEd- Erasmus Mudnus Secretariat
Université Victor Segalen Bordeaux 2
DAERI – Case 143,
146 rue Léo Saignat
F-33076 Bordeaux Cedex FRANCE

Application deadline: 30th of March 2011

Contacts:

Ms. Deborah Didio

Tel: +33 5 57 57 48 24 Fax: + 33 5 57 57 15 57

Email: deborah.didio@u-bordeaux2.fr

1. Personal details

Surname (Family Name):

First (Given Name):

Date of Birth:

Place of Birth: Nationality:

Education and professional qualifications:

.....

.....

2. Address

Street, number:

P.O. Box: City:

Country: Postal Code:

Phone Number: Fax Number:

E-mail:

3. Present or most recent position

Name of university:

Type of organisation:

Place of work:

Year of entry: Year of leaving:

Position held:

Main duties:

5. Institution you would like to visit during your stay (please indicate your first and second choice):

- Department of Development Policy and Practice, Royal Tropical Institute, Amsterdam
- Center for International Health and Development, Institute of Child Health, University College London
- Institute of Tropical Medicine, Charité Universitätsmedizin Berlin
- Institute for International Health and Development, Queen Margaret University, Edinburgh
- Department of International Health, Immunology and Microbiology, University of Copenhagen
- Centre for International Health, University of Bergen, Norway
- Centre Rene Labusquiere, Université Victor Segalen Bordeaux 2
- Khon Kaen University – Thailand
- Instituto Nacional de Salud Pública (INSP) - Mexico
- Cape Town University – South Africa

Please indicate the duration of your possible visit (minimum 2 weeks, maximum 3 months):

.....

6. Work plan under the Erasmus Mundus Programme

Please indicate your teaching/research/cooperation plan that you would like to conduct during your visit:

Erasmus Mundus Scholarship For non European candidate

Surname: _____

First name: _____

To be considered for an Erasmus Mundus scholarship a candidate:

- Can **not** be a resident of one of the 25 European Union (EU) Member States and the EEA-EFTA states (Iceland, Liechtenstein and Norway)
- Can **not** have carried out his or her main activity (studies, work, etc.) for more than a total of **12** months over the last **five** years in an EU Member State and EEA-EFTA state.
- Must complete this application (pages 1-3) in its entirety and return no later than 15 April 2010 to be considered for an Erasmus Mundus Scholarship for the 2010/11 academic year.
- Must submit a work plan and a European format CV with this application.

I hereby declare that I am not a resident of an EU Member State or EEA-EFTA country (Iceland, Liechtenstein and Norway), nor have I carried out my main activities (studies, work, etc.) for more than a total of 12 months over the past five years in an EU Member State, EEA-EFTA country nor EU applicant country. The abovementioned information is, to the best of my knowledge, correct:

Date

Signature

Europass Curriculum Vitae

Insert photograph. Remove heading if not relevant (see instructions)

Personal information

Surname(s) / First
name(s)

Surname(s) First name(s)

Address(es)

House number, street name, postcode, city, country

Telephone(s)

(remove if not relevant, see instructions)

Mobile: (remove if not relevant, see
instructions)

Fax(es)

(remove if not relevant, see instructions)

E-mail

(remove if not relevant, see instructions)

Nationality

(remove if not relevant, see instructions)

Date of birth

(remove if not relevant, see instructions)

Gender

(remove if not relevant, see instructions)

Desired employment / Occupational field

(remove if not relevant, see instructions)

Work experience

Dates

Add separate entries for each relevant post occupied, starting from the most recent. (remove if not relevant, see instructions)

Occupation or position
held

Main activities and
responsibilities

Name and address of
employer

Type of business or
sector

Education and training

Dates

Add separate entries for each relevant course you have completed, starting from the most recent. (remove if not relevant, see instructions)

Title of qualification
awarded

Principal
subjects/occupational
skills covered

Name and type of organisation providing education and training																									
Level in national or international classification	(remove if not relevant, see instructions)																								
Personal skills and competences																									
Mother tongue(s)	Specify mother tongue (if relevant add other mother tongue(s), see instructions)																								
Other language(s)																									
Self-assessment <i>European level</i> (*)																									
Language 1																									
Language 2																									
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	(*) <i>Common European Framework of Reference for Languages</i>																								
Social skills and competences	Replace this text by a description of these competences and indicate where they were acquired. (Remove if not relevant, see instructions)																								
Organisational skills and competences	Replace this text by a description of these competences and indicate where they were acquired. (Remove if not relevant, see instructions)																								
Technical skills and competences	Replace this text by a description of these competences and indicate where they were acquired. (Remove if not relevant, see instructions)																								
Computer skills and competences	Replace this text by a description of these competences and indicate where they were acquired. (Remove if not relevant, see instructions)																								
Artistic skills and competences	Replace this text by a description of these competences and indicate where they were acquired. (Remove if not relevant, see instructions)																								
Other skills and competences	Replace this text by a description of these competences and indicate where they were acquired. (Remove if not relevant, see instructions)																								
Driving licence	State here whether you hold a driving licence and if so for which categories of vehicle. (Remove if not relevant, see instructions)																								
Additional information	Include here any other information that may be relevant, for example contact persons, references, etc. (Remove heading if not relevant, see instructions)																								
Annexes	List any items attached. (Remove heading if not relevant, see instructions)																								