

ASEM-DUO FELLOWSHIP PROGRAMME
“DUO WALLONIA-BRUSSELS”
(BELGIUM)
APPLICATION FORM 2019

- » 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 file.
- » 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.

01. CANDIDATE'S INFORMATION

01.1 / CANDIDATE FROM WALLONIA-BRUSSELS

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	

FINANCIAL INFORMATION (PERSONAL BANK ACCOUNT)	
Bank account holder	
Bank account number (IBAN)	
SWIFT code	
Bank name	
Address of the bank	

EMERGENCY CONTACT PERSON	
First name	
Family name	
Mobile phone	
E-mail	

DESCRIPTION OF THE PROJECT	
Title of the project	
Description of the project (max 1000 words)	
Contact in the partner institution	
Purpose of the exchange	
Academic/research topic	
Proposed duration of exchange (minimum 1 month, maximum 3 months)	
Proposed date of departure (btw 01/08/2019 and 31/08/2020)	
Expected benefits of the exchange	

01.2 / CANDIDATE FROM ASIA

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	

FINANCIAL INFORMATION (PERSONAL BANK ACCOUNT)	
Bank account holder	
Bank account number (IBAN)	
SWIFT code	
Bank name	
Address of the bank	

EMERGENCY CONTACT PERSON	
First name	
Family name	
Mobile phone	
E-mail	

DESCRIPTION OF THE PROJECT	
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Academic/research topic	
Proposed duration of exchange (minimum 1 month, maximum 3 months)	
Proposed date of departure (btw 01/08/2019 and 31/08/2020)	
Expected benefits of the exchange	

02. CONTACT PERSON IN THE HIGHER EDUCATION INSTITUTIONS

02.1 / CONTACT PERSON IN THE WALLONIA-BRUSSELS HEI

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

02.2 / CONTACT PERSON IN THE ASIAN HEI

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

03. 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.

NAME AND SIGNATURE OF ASIAN CANDIDATE	
Name	
Date	
Signature	

NAME AND SIGNATURE OF THE AUTHORITIES OF THE ASIAN HEI	
Name	
Date	
Signature	

NAME AND SIGNATURE OF WALLONIA-BRUSSELS CANDIDATE	
Name	
Date	
Signature	

NAME AND SIGNATURE OF THE AUTHORITIES OF THE WALLONIA-BRUSSELS HEI	
Name	
Date	
Signature	

OFFICIAL STAMP OF THE FWB INSTITUTION	
Date	
Stamp	