



APPLICANT FILE FOR AN OIV GRANT

SELECTED PROGRAMME

Point out the point or the points of the Strategic Plan which relate to your research programme (see www.oiv.int)

Starting date: / / (dd/mm/yyyy)

Length of time requested: months

End date: / / (dd/mm/yyyy)

IDENTIFICATION DATA

Mr. Mrs Miss

Last name:

First name:

Name of spouse (where required) :

Date of birth: / /

Place of birth:

Country:

Nationality:

Do you have dual nationality: yes no if so, which nationality:

PHOTO

ADDRESSES

Address:

Tel:

Cell phone:

E-mail :

MARITAL STATUS

Single

Married

Divorced

Other

Name of spouse:

Nationality:

Profession of spouse:

Total number of children:

EDUCATION

Secondary school diploma obtained:

What year:

Level:

Section

Level	Title	Name of school / City	Year	Level
+1 <input type="checkbox"/>				
+2 <input type="checkbox"/>				
+3 <input type="checkbox"/>				
+4 <input type="checkbox"/>				
Research Masters <input type="checkbox"/>				
Professional Masters <input type="checkbox"/>				
Other				

Current year level of studies:

M1

Research Masters

Professional Masters

Other :

Diploma currently underway:

Title	Name of school	City	Year

FOREIGN LANGUAGES

Mother tongue:

Foreign languages	Reading	Written	Spoken
	Very good <input type="checkbox"/> Fairly good <input type="checkbox"/>	Very good <input type="checkbox"/> Fairly good <input type="checkbox"/>	Very good <input type="checkbox"/> Fairly good <input type="checkbox"/>
	Very good <input type="checkbox"/> Fairly good <input type="checkbox"/>	Very good <input type="checkbox"/> Fairly good <input type="checkbox"/>	Very good <input type="checkbox"/> Fairly good <input type="checkbox"/>
	Very good <input type="checkbox"/> Fairly good <input type="checkbox"/>	Very good <input type="checkbox"/> Fairly good <input type="checkbox"/>	Very good <input type="checkbox"/> Fairly good <input type="checkbox"/>
	Very good <input type="checkbox"/> Fairly good <input type="checkbox"/>	Very good <input type="checkbox"/> Fairly good <input type="checkbox"/>	Very good <input type="checkbox"/> Fairly good <input type="checkbox"/>

STUDY OR RESEARCH PROJECT

Title of proposed study or research subject (you can detail your project on a separate sheet while providing information on current knowledge, objectives of the research and the relation with the Strategic Plan – 1 to 2 pages maximum):

Name of director of studies or research:

Tel: _____ Cell phone: _____ E-mail: _____

Address: _____

Is the proposed subject matter of research part of a cooperation between schools, university departments or public or private research laboratories? yes no

Of so, please indicate what type (ex: co-direction – co-tutorship, Erasmus exchange, agreement between schools, etc...) ?
and indicate the name and address of the research co-director

CONFIDENTIAL REFERENCE PROVIDERS

1 – Name Title: Address: Tel: _____ Cell phone: _____ E-mail: _____	2 – Name Title: Address: Tel: _____ Cell phone: _____ E-mail: _____
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3 – Name Title: Address: Tel: _____	Cell phone: _____
E-mail: _____	

FINANCING OF PROJECT

Other desired funding sources:	Monthly amount	Date of request	Tick if granted	Date of response
Organisations	€	/ /	<input type="checkbox"/>	/ /
	€	/ /	<input type="checkbox"/>	/ /
	€	/ /	<input type="checkbox"/>	/ /
	€	/ /	<input type="checkbox"/>	/ /
	€	/ /	<input type="checkbox"/>	/ /

CURRENT RESSOURCES

Research stipend Salaried employment Professional occupation revenue Parental support Others

If you have a job: what job title?

Since:	/	/	Number of hours weekly:	Until	/	/
Source of current revenue			Monthly amount	Time period		
1-			€ From	/ /	to	/ /
2-			€ From	/ /	to	/ /
3-			€ From	/ /	to	/ /

PREVIOUS GRANTS

If you have already received a grant:

Organisations	Monthly amount	Time period
	€ From	/ / to / /
	€ From	/ / to / /
	€ From	/ / to / /
	€ From	/ / to / /
	€ From	/ / to / /
	€ From	/ / to / /

I ATTEST TO THE ACCURACY OF THE INFORMATION INCLUDED ON THIS FORM AND I AGREE:
to present results (intermediary and final) of their works in one of the official languages of the OIV on the occasion of the official OIV meetings
-to submit the final report of the their works to the OIV
- to authorise the OIV to publish and disseminate the said works or results while renouncing royalty payment.

Done at _____ on / / (dd/mm/yy)

Signature of candidate mandatory