



Selected programme

Go to the website (www.oiv.int) and identify the items of the Strategic Plan which are related to your research programme:

- 1 _____
2 _____

Starting date: / /
End date: / /

Length of time requested: _____ months.

Mr. Mrs. Miss

Last name: _____ First name: _____

Maiden name: _____

Date of birth: / / Place of birth: _____

Nationality: _____ Country: _____

Do you have dual nationality: Yes No If so, which nationality: _____

Address: _____

Tel: _____ Cell phone: _____

E-mail: _____

Single Married Divorced Other

Name of spouse: _____ Total number of children: _____

Nationality of spouse: _____ Profession of spouse: _____



Education:

Secondary school diploma obtained Year: _____ Section: _____ Level: _____

Level	Title	Name of school / City	Year	Level
<input type="radio"/> +1				
<input type="radio"/> +2				
<input type="radio"/> +3				
<input type="radio"/> +4				
<input type="radio"/> Masters of research				
<input type="radio"/> Professional Master's degree				
<input type="radio"/> Other				

Current year level of studies:

M1 Master of Research Professional Master's degree Other

Diploma being prepared:

Title	Name of school	City	Year



Mother tongue: _____

Foreign languages	Read	Written	Spoken

Title of proposed study or research subject: _____

Name of studies or research of director: _____

Address: _____

Tel: _____ Cell phone: _____

E-mail: _____

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

If 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.

Other desired funding sources:

Organisations	Monthly amount	Date of request	Tick if granted	Date of response
	€	/ /	<input type="radio"/>	/ /
	€	/ /	<input type="radio"/>	/ /
	€	/ /	<input type="radio"/>	/ /
	€	/ /	<input type="radio"/>	/ /

If you have already received a grant:

Organisations	Monthly amount	From	To
	€	/ /	/ /
	€	/ /	/ /
	€	/ /	/ /
	€	/ /	/ /



Name of the referee 1: _____

Address: _____

Tel: _____ Cell phone: _____

E-mail: _____

Name of the referee 2: _____

Address: _____

Tel: _____ Cell phone: _____

E-mail: _____

Name of the referee 3: _____

Address: _____

Tel: _____ Cell phone: _____

E-mail: _____

Current resources: Research stipend Salaried employment
Freelance incomes Parental support Other

If you have a job, job title: _____ Since: / /

Number of hours weekly: _____ Until: / /

Source of current revenue	Monthly amount	From	To
_____	€	/ /	/ /
_____	€	/ /	/ /
_____	€	/ /	/ /



I attest to the accuracy of the information included on this form and I agree:

- To write reports (intermediary and final) at least in English. Another OIV official languages is optionnal.
- To submit intermediary and final report to the OIV.
- To present the results of the grant during the official OIV meeting.
- To authorise the OIV to publish and disseminate the said works or results while renouncing royalty payment.

Done at _____ on ____ / ____ / ____

Photo

Signature of candidate mandatory