**POLISH ACADEMY OF SCIENCES** 

**APPLICATION FOR AN EXCHANGE QUOTA**

**WITHOUT AN ONGOING BILATERAL PROJECT**

**YEAR ………..**

**COUNTRY TO BE VISITED …………**

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| 1. Polish research institution applying for the exchange quota |  |

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| 2. Delegated researcher:- first and last name- scientific degree or title- affiliation- academic qualifications (specializations and degrees, year and institution of conferment, prizes and awards)- up to 6 main publications in peer-reviewed scientific journals published in the past 5 years |  |

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| 3. Host researcher / foreign partner:- first and last name- scientific degree or title- affiliation- academic qualifications (specializations and degrees, year and institution of conferment, prizes and awards)- up to 6 main publications in peer-reviewed scientific journals published in the past 5 years |  |

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| **4. Cooperation agreement between PAS with the foreign partner institution serving as the basis of this application** |  |

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| **5. Total number of requested days/weeks** |  |

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| **6. The objectives of the visit; description of how these objectives will be achieved; the schedule of work** |  |

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| **7. Expected outcomes of the visit and their potential applications** |  |

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| **8. Information on the duration, type and main outcomes of previous scientific contacts between the collaborating scientists (if any)** |  |

I hereby confirm that the above personal data were obtained at the voluntary consent of the data subjects and in accordance with art. 6 par. 1 of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), in order to implement the PAS’s projects in the field of international cooperation.

At the same time, I declare that in relation to the above individuals, the information obligation under Article 13 of the regulation has been fulfilled, including the information that the reporting institution is the personal data administrator.

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| …………………….date | ………………………………signature of the institution’s director |