



## **SCHOLAR'S APPLICATION FORM 2010/2012 session**

**2-week to 3-month mobility  
from September 2010 to June 2012**

**This application form should be filled in English and sent to:**

Ecole des Hautes Etudes en Santé Publique  
Secrétariat Euro Pubhealth  
Direction des Relations Internationales  
Avenue du Professeur Léon Bernard  
35000 RENNES  
FRANCE

A copy by e-mail of this document and the curriculum vitae should be sent to  
[Europubhealth@ehesp.fr](mailto:Europubhealth@ehesp.fr)

**Deadline for sending your application form: 15<sup>th</sup> of April 2010 (per postmark)**

*Please read the Information for Scholars before applying.*

### **Minimum requirements for applying**

- A PhD degree in public health or associated discipline
- At least five years professional experience in Higher educational teaching and/or research.
- A good knowledge of the working language(s) of the host establishments

2010/2012 session



### 1. PERSONAL DATA

**Name**

Mr. Ms. (Please keep one)	Last (Family) Name	First Name

**Identity Card Number/Passport number** \_\_\_\_\_  
(Please join a copy of the document)

**DATE OF BIRTH** \_\_\_\_\_  
**PLACE OF BIRTH ( city, country)** \_\_\_\_\_  
**CITIZENSHIP:** \_\_\_\_\_

#### ADDRESSES

**PERMANENT ADDRESS:**

**ADDRESS FOR CORRESPONDENCE**

Street and No \_\_\_\_\_  
City \_\_\_\_\_  
Post-code \_\_\_\_\_  
Country \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax (if available) \_\_\_\_\_  
E-mail (if available) \_\_\_\_\_

Street and No \_\_\_\_\_  
City \_\_\_\_\_  
Post code \_\_\_\_\_  
Country \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax (if available) \_\_\_\_\_  
E-mail (if available) \_\_\_\_\_

### 2. EDUCATION

Name of the Institution (most recent first)	City/Country	Dates of attendance		Field of study	Degree obtained	
		Begin	End		Degree	Date

### 3. PROFESSIONAL EXPERIENCE

Please, after reading *the Information for Scholars*, complete this section and enclose your resume or curriculum vitae.

What is your current position? (Institution, department, duration, description of responsibilities)	
Describe your training activities in relation with your proficiency in <b>Public Health</b>	
Expose your research topics (former and current) and give the list of publications in annexe	

### 4. HOW DID YOU HEAR ABOUT THIS EUROPEAN MASTERS PROGRAMME?

(Tick one or several boxes)

<input type="checkbox"/>	Colleague
<input type="checkbox"/>	Employer
<input type="checkbox"/>	University (please specify) (.....)
<input type="checkbox"/>	1. Publication (please specify) .....
<input type="checkbox"/>	Electronic media (e.g. Internet)
<input type="checkbox"/>	Attendance at conference, congress, meeting (please specify) .....
<input type="checkbox"/>	Advertising (please specify where)
<input type="checkbox"/>	Other (please specify ) .....

## 5. SELECTION OF YOUR PATHWAYS

Scholar's mobility can start at any time in the duration of the project (October 2010 to June 2012) and should last from a minimum of two weeks to a maximum of three months.

Scholar's mobility can take place at one or two different institutions of the Europubhealth Masters course.

A Minimum of 3 grants will be allocated for lecturers/ researchers who would take part into the Integrative modules, as teachers and tutors, when all Europubhealth students are together in EHESP Rennes for 4 weeks. Scholars interested into this option may as well stay with one of the consortium Institution.

**1. I want to take part in the Integrative modules (one month)**

This implies

- Building a case study
- Tutoring students in workshops
- Contributing to elaborate course contents

The Integrative modules take place in EHESP, Rennes, from Mid-June 2011 to Mid-July 2012.

**I wish to add a mobility (maximum duration 2 months) to the following in Institution** *(please give two choices)*

<input type="checkbox"/>	University of Sheffield
<input type="checkbox"/>	EASP, Granada
<input type="checkbox"/>	University of Copenhagen
<input type="checkbox"/>	Jagiellonian University of Cracow
<input type="checkbox"/>	EHESP, Rennes
<input type="checkbox"/>	University of Rennes 1

*Please give your proposal for duration and 2 possible dates:*

- 1.....  
2.....

**2. I wish to visit the following Institution (maximum duration 3 months) without taking part in the Integrative Modules**

<input type="checkbox"/>	University of Sheffield
<input type="checkbox"/>	EASP, Granada
<input type="checkbox"/>	University of Copenhagen
<input type="checkbox"/>	Jagiellonian University of Cracow
<input type="checkbox"/>	EHESP, Rennes
<input type="checkbox"/>	University of Rennes 1

*Please give us your proposal for duration and 2 possible dates:*

- 1.....  
2.....

Please note that depending on the choices of the other selected Scholars, we might orient you to your choice 2 or 3.

Explain the rationale of your selection without forgetting that you should have corresponding language skills in the teaching language.

<b><u>Choice 1</u></b>
<b><u>Choice 2</u></b>
<b><u>Choice 3</u></b>

## 6. REASONS FOR APPLYING

After reading the *Information for Scholars*, please state in approximately 500 to 600 words, the following points:

1. Your reasons for applying to EUROPUBHEALTH
2. Your area of proficiency for such a programme and your proposal as to participating in this Masters course during your stay
3. Your interest for European health related issues
4. Possible perspectives of collaboration upon completion of your stay

This statement is very meaningful for the Selection Committee in order to appreciate your motivation and your possible involvement, in comparison/complement with other scholars. See selection criteria by the end of this document.

--

**7. LETTERS OF RECOMMENDATION**

Please list the name and the contact details (to contact them quickly) of two persons (referee) who will provide written recommendations on your behalf.

	<b>Name</b>	<b>Phone/ e-mail / fax</b>
1		
2		

## 8. LANGUAGE REQUIREMENTS

According to the itinerary, one or two languages are required for participation in the EUROPUBHEALTH Masters course. Please tick the appropriate combination(s) in line with the pathways you have ranked in question 6. Please note that the teaching language used for the integrative module is English.

- English  
 Spanish + English

**Please note that a minimum level equivalent to B2 level on the Common European Framework of reference scale (CEF) is required in these languages** for attending the masters course (see document at the end of the “Information Scholars” or consult [www.coe.int](http://www.coe.int))

You should submit, as part of the present application, any document stating that you have the necessary proficiency: working experience, research managed or diplomas passed in the language or language certificates (TOEFL, IELTS, Institute Cervantes...).

Teaching languages	Level (with reference to CEF)	Evidence of the level (if available)
▪ English		
▪ Spanish		

Other languages		
▪ French		
▪		

## 9. ELIGIBILITY

**If you want to apply for an Erasmus Mundus Grant, please ensure that you are eligible and check the following conditions:**

<input type="checkbox"/>	I am a professor enrolled in a Third-country* institution
<input type="checkbox"/>	I am not benefiting and never benefited from another Erasmus Mundus grant

\*A Third-country is any country except: EU member states, EEA/EFTA countries (Iceland Liechtenstein and Norway).

## 10. SIGNATURE

**(Please note that your application will not be processed without your signature.)**

- By signing below, I certify that the information presented in this application is accurate, complete, and honestly presented.
- I certify that all information submitted on my behalf, including letters of recommendation, is authentic.
- I understand and agree that any inaccurate or misleading information, as well as any omission of information, will be result in the cancellation of any offer of admission, or for discipline, dismissal, or revocation of degree if discovered at a later time.
- I understand that my application and any materials submitted with my application becomes the property of the Consortium
- I understand that the admission decision is final and not subject to appeal.

- I allow the release of my application materials to persons within the consortium for internal administrative purposes.
- I acknowledge that the contents of my file may not be released or forwarded to parties outside the Consortium.
- I understand that letters of recommendation cannot be used for purposes other than review for admission.
- I allow the release of my application materials to persons within the consortium for internal administrative purposes and all those related with applying for the Erasmus Mundus Grant.

Signature	Date

## CHECKLIST

The following list is to help you in checking that you have fully completed the application form. Please be sure to enclose all required documents.

	Application Form filled, signed and sent before the deadline
	Copy of identity document
	Reasons for applying
	Resume or curriculum vitae
	List of research work
	A copy of the Higher Education University diplomas and translation in English if original not in one of the three languages of the Masters course (English, French, Spanish)
	Official evidence of language proficiency
	Two letters of recommendation, individually enclosed in envelopes, sealed and signed across the back flap of the envelope by the recommender