**International Research Fellowship Placement at the European Space Agency**

 **2015**

 **Application Form**

*CALL CLOSES: 12 June 2015 Noon CET*

*Please note that this is the ONLY form that will be accepted.*

The Malta Council for Science and Technology

Villa Bighi, Kalkara KKR1320

Tel: 23602172

E: laurasue.armeni@gov.mt

## **NOTE TO APPLICANTS**

All candidates must complete the Application Form. This form must be accompanied by:

1. A letter of intent written by the candidate stating the candidate’s reasons for applying.
2. A research proposal (1 page max.) from the candidate in line with ESA's activities/missions.
3. Three (3) copies of the Applicant’s University/College transcripts (detailed);
4. One (1) copy of the MQRIC evaluation reports (where applicable);
5. One (1) copy of Identity Card; and
6. Three (3) copies of Curriculum Vitae.
7. Two (2) Reference Letter forms from any two referees

For further details, please contact:

Ms. Laura Sue Armeni

Research and Innovation Specialist

Malta Council for Science and Technology

Villa Bighi Kalkara, KKR1320, Malta

E: laurasue.armeni@gov.mt

Tel: 2360 2172

**SECTION A**

|  |  |
| --- | --- |
| **Surname:** | **Name:** |
| **Title:** | **Gender:** |
| **Nationality:** | **ID No.:** |
| **Address:** |
| **Post Code:** |
| **Fixed Line:** | **Mobile:** |
| **Email Address:**  |

# **SECTION B:**

|  |  |  |
| --- | --- | --- |
| 1. **Present occupation and previous work experiences *(if any)***
 | **Present Post** | **Date of Employment** |
|  |  |  |
| 1. **Present occupation and previous work experiences *(if any)***
 | **Previous Post** | **Date of Employment** |
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| 1. **Details of degrees, postgraduate diplomas and other professional qualifications:**
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| **Name of Institution** | **Subject** | **Classification** | **Date when Awarded** |
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| 1. **Courses undertaken locally and/or abroad additional to *(if any*):**
 |
| **Name of Institution** | **Awarding Body** | **Course** | **Dates** | **Certificate/Diploma** |
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| 1. **Research applying for:**
 |  |
| 1. **Name of three referees.** *Please include their Titles, Names and Degrees*

1. 2. 3***It is the responsibility of the applicant to ensure that the Letters of Reference are sent on time.*** |

# **SECTION C:**

**Confidentiality and Data Protection Clause**

All data is collected and processed in accordance to the Data Protection Act 2001 and related legislation.

# **SECTION D**:

* I declare that I am a citizen of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (fill in country name)
* I declare that I am not the holder of another scholarship Yes No
* I declare that all details in this application form are correct and accurate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This Application Form, together with the attached documents, is to be submitted in a sealed envelope by 12 June 2015, Noon CET, at the following address:**

Ms. Laurasue Armeni

Research and Innovation Specialist

Malta Council for Science and Technology

Villa Bighi Kalkara, KKR1320, Malta