

**2018 Application form**

Partenariat Hubert Curien / Germaine de Staël

2019-20 projects

**2019-**

Do not fill

**TO BE SIGNED AND SUBMITTED BEFORE THE 15th OF MAY****1. Partners**

	Swiss team	French team
<b>Team leader</b> Surname, name  Position  Address  Postcode/city Phone E-Mail		
<b>Other team members</b> Surnames, names		
<b>Research unit</b>  <b>Institution</b> <input type="checkbox"/> University: <input type="checkbox"/> HES/FH <input type="checkbox"/> École polytechnique/ETH <input type="checkbox"/> other:  Address  Postcode/city Phone E-Mail  <b>Director</b> Surname, name	<input type="checkbox"/> University: <input type="checkbox"/> CEA <input type="checkbox"/> CNRS <input type="checkbox"/> IFREMER <input type="checkbox"/> INRA <input type="checkbox"/> INRIA <input type="checkbox"/> INSERM, unit n° <input type="checkbox"/> other:	

## 2. Project

Title	
Field (select only one field)	
1 <input type="checkbox"/> Mathematics	6 <input type="checkbox"/> Social and human sciences
2 <input type="checkbox"/> Physics	7 <input type="checkbox"/> Law, political science, economy
3 <input type="checkbox"/> Geo sciences and astronomy	8 <input type="checkbox"/> Engineering sciences
4 <input type="checkbox"/> Chemistry	9 <input type="checkbox"/> Information science et technology
5 <input type="checkbox"/> Biology, medicine, health	10 <input type="checkbox"/> Agronomy, environment

## 3. Requested funding

<b>Year 2019</b>	<i>Switzerland → France</i> Number of travels, duration in days, institution/place to be visited
Person, position	
	<i>France → Switzerland</i> Number of travels, duration in days, institution/place to be visited
Person, position	

<b>Year 2020</b>	<i>Switzerland → France</i> Number of travels, duration in days, institution/place to be visited
Person, position	
	<i>France → Switzerland</i> Number of travels, duration in days, institution/place to be visited
Person, position	

#### 4. Other funding requested and/or obtained

Did you already obtain a Partenariat Hubert Curien/Germaine de Staël funding?

no yes      year:                      Project number:

Other funding requested and/or obtained for this project

Switzerland:

France:

#### 5. Project description

##### **Scientific and/or technologic goals of the collaboration**

(Description throughout the whole length of the project, if needed mention the specific need of the collaboration, as well as the need of the travels)

##### **Work plan and calendar**

**Collaboration's interest and team complementarity**

**Benefits of the collaboration for the Swiss team**

**Previous collaborations**

Have you already been in previous collaborations with the same partner?  yes  no

If yes, on which project(s)?

**Available equipment to achieve the project**

Switzerland

France

**Significant publications linked with the project** (maximum 5)

Switzerland

France

## 7. Prospects of the collaboration

**Training and development with science**

(Is the project encouraging scientific training and development, especially for PhDs? If yes, provide the thesis title, as well as the PhD name. Are young researchers also involved in the project?)

**Expected results of the project**

(Publications, communications, symposium to be organized, trainings, social, industrial and economic impact, patents, etc.)

**European and international prospects**

- Planned or effective participation in an EU or other European programme? If yes, which one and with which partners?
- Is this project a first step to obtain a European funding (Horizon 2020, Marie-Sklodowska-Curie or COST)?

**Prospects for a long term collaboration with the partner**

**Expected or current industrial prospects (if applicable)**

(Partners, expected profits)

## 8. Evaluation by two referees

Mention your name and your project title on the evaluation form and send it with this application form to two referees of your choice.

- Referees cannot belong to your own institution.
- Both referees cannot belong to the same institution.

The referees have to send back their evaluation **before the 15<sup>th</sup> of June** to the SATW, [nicolas.filippov@satw.ch](mailto:nicolas.filippov@satw.ch).

Without these two evaluations your application is not valid!

### Referee #1

Name and surname:

Position:

Institution:

Address:

E-Mail:

Phone:

### Referee #2

Name and surname:

Position:

Institution:

Address:

E-Mail:

Phone:

### Intellectual property

Ensure that all the appropriate measures are taken to protect the Swiss intellectual property, as well as the scientific heritage or to prevent any technology transfer to another country.

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Date and signature of the Swiss project leader

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Signature of the director of the institution

Name:

Position:

Send back to [nicolas.filippov@satw.ch](mailto:nicolas.filippov@satw.ch) before the 15<sup>th</sup> of May 2018.