

CIVICA MOBILITAS

INTERNSHIP GRANTS

CALL FOR PROPOSALS

Ref. no. CM-INR-01

Deadline: 30 June 2016, 14:00 hrs.

APPLICATION FORM

|  |  |
| --- | --- |
| Applicant: | [Name and Surname] |
| Collaborator(s): | [Name of the Collaborator(s)-Civica Mobilitas’ PCO or grantee(s)] |
| Application No:(to be filled by Civica Mobilitas staff) |  |

#

# PART 1. Actors

[This part should not exceed one page. Please do not forget to enclose as annex the CV of the Applicant in Europass*[[1]](#footnote-1)* and Letter(s) of Interest by Collaborators]

## 1.1. The Applicant

|  |
| --- |
| PROFILE OF THE APPLICANT |
| Personal information |
| Name(s) and Surname(s) |  |
| Citizenship | 🞎 Swiss | 🞎 Macedonian | 🞎 Other (what): …………. |
| Country, Place, Date of Birth | [country, place, dd.mm.yyyy] |
| Place(s) of origins | 🞎 Eastern | 🞎 Skopje | 🞎 South-eastern |
| 🞎 Pelagonia | 🞎 North-eastern | 🞎 Southwestern |
| 🞎 Polog | 🞎 Vardar | 🞎 Other: ……………… |
| Ethnic belonging | 🞎 Macedonian | 🞎 Turkish | 🞎 Serbian | 🞎 Bosnian |
| 🞎 Albanian | 🞎 Roma | 🞎 Vlach | 🞎 Other/ Mixed: …………. |
| Gender | 🞎 Female | 🞎 Male | 🞎 Other |
| English Language[[2]](#footnote-2) | Understanding: [enter level(s)] | Speaking [enter level(s)] | Writing [enter level] |
| Membership in CSOs | 🞎 Yes | Which CSOs:  | 🞎 No |
| Resume |
| [to include educational background, work experience and if possible, experience relevant to the civil society] |
| Contact data of the Applicant |
| Correspondence address | [Street name and number; postal code and city/town/village, country name] |
| Home address if different |  |
| Phone number (home) | [country code, area code and local number, e.g. +41 xxx/xxx-xxxx] |
| Phone number (mobile) | [e.g.+41 xx/xxx-xxxx] |
| E-mail address (es) | [example@example.org; example@example.com] |
| BlogSpot  | [add link] | Twitter | [add link] |
| Facebook  | [add link] | LinkedIn | [add link] |

## 1.2. Collaborators

 [Please add as many rows as necessary to create entries for each additional collaborator].

|  |
| --- |
| List of Collaborators |
| Collaborator 1 | [full name of the collaborator and type of grantee[[3]](#footnote-3)] |
| Collaborator 2 |  |
| Collaborator 3 |  |

# PART 2. INTERNSHIP

[This part should not exceed one page]

## 2.1. Internship Plan

|  |  |
| --- | --- |
| Title |  |
| Personal motivation | [please, state the personal motivation or factors prompting to apply for internship] |
| Objective | [please, outline the overall objective, providing details of two or three key aspects that the internship will address] |
| Action | [please, provide brief overview of the activities that you plan to undertake] |
| Relevance | [please, briefly explain the relevance and the importance of the internship for the work plans and/or actions of the selected collaborators and describe how your internship will contribute to the Civica Mobilitas objectives and outcomes] |
| Collaboration | [please, briefly explain how and to what extent you will promote collaboration among CSOs from Switzerland and Macedonia, with focus on host CSO; also briefly explain how you will collaborate with other Civica Mobilitas’ grantees and with its PCO; if possible you can indicate collaboration with concrete CSOs from Switzerland] |

## 2.2. Grant

|  |  |
| --- | --- |
| Grant Duration  | [in months] |
| Preferred Period  | [dd/mm/yyyy-dd/mm/yyyy] |
| Grant Request (in CHF) | [requested budget from Civica Mobilitas] |

## 2.3. Action Plan of the Internship

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Activity / Month | 1 | 2 | 3 | 4 | 5 | 6 |
| 1.1. [Activity / Product …] |  |  |  |  |  |  |
| 1.2. [Activity / Product …] |  |  |  |  |  |  |
| 1.3. [Activity / Product …] |  |  |  |  |  |  |

# PART 3. DeCLARATION BY THE APPLICANT

The Applicant, in the context of the present Call for Proposals, Ref. No. CM-INR-01, hereby declares that he/she:

* Has read and understood the Guidelines for Applicants and instructions set there.
* The Applicant is eligible in accordance with the criteria set out under Section 3 of the Guidelines for Applicants;
* Has completed the Application Form as required;
* Has provided correct and complete data and information provided about the Applicant, if necessary, could be proved;
* Has sufficient capacity to carry out the proposed internship as described in Part 2 of this Application;
* Is willing to realise the internship in his/her full capacity i.e. 40 working hours weekly;
* Is willing to realise the internship in collaboration with Civica Mobilitas.

Signed on behalf of the Applicant

|  |  |
| --- | --- |
| Applicant | **[Name and Surname]** |
| Signature |  |
| Place and Date |  |

# 4. PART D. ANNEXES

Please provide following documents as annexes to the Application form:

Annex 1. CURRICULUM VITAE (EUROPASS FORMAT)

Annex 2. LETTER(S) OF INTEREST BY PROPOSED COLLABORATOR(S)

Annex 3. BUDGET OF THE INTERNSHIP

Annex 4. ADMINISTRATIVE AND ELIGIBILITY DOCUMENTS:

1. Scanned passport(s) of the relevant pages
2. Proof of proficiency in English language (if any)
1. https://europass.cedefop.europa.eu/en/home [↑](#footnote-ref-1)
2. Levels: A1/A2: Basic user - B1/B2: Independent user - C1/C2 Proficient user; Common European Framework of Reference for Languages: <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>. Please do not forget to enclose internationally standardised language certificate; [↑](#footnote-ref-2)
3. Full list of the grantees by type of the grant can be found at: http://www.civicamobilitas.mk/mk/civica-mobilitas/za-grantistite [↑](#footnote-ref-3)