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| **2024 Application form**  Partenariat Hubert Curien / Germaine de Staël  2025-2026 projects | 2025-  Do not fill |

TO BE SIGNED AND SUBMITTED in pdf format BEFORE May 15 2024

1. Partners

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| --- | --- | --- |
|  | **Swiss team** | **French team** |
| **Team leader**  Surname, name  Position  Address  Postcode/city  Phone  E-Mail |  |  |
| **Other team**  **members**  Surnames, names |  |  |
| **Research unit**  **Institution**  Address  Postcode/city  Phone  E-Mail  **Director**  Surname, name |  University:   HES/FH  École polytechnique/ETH   other: | |  |  |  | | --- | --- | --- | |  University: | | | |  CEA |  CNRS |  IFREMER | |  INRA |  INRIA |  INSERM, unit no | |  other: | | | |

2. Project

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| Title | |
| Field **(select only one field)**  1  Mathematics  2  Physics  3  Geo sciences and astronomy  4  Chemistry  5  Biology, medicine, health | 6  Social and human sciences  7  Law, political science, economy  8  Engineering sciences  9  Information science et technology  10  Agronomy, environment |
| How were you informed about the Germaine de Staël Grant?   By the partner institution in France   By my institution   By the SATW   ByCampus France   Through social networks   Others, please specify | |

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| Year 2025 | *Switzerland 🡪 France*  Number of travels, duration in days, institution/place to be visited |
| Person, position |  |
|  | *France 🡪 Switzerland*  Number of travels, duration in days, institution/place to be visited |
| Person, position |  |

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| **Year 2026** | *Switzerland 🡪 France*  Number of travels, duration in days, institution/place to be visited |
| Person, position |  |
|  | *France 🡪 Switzerland*  Number of travels, duration in days, institution/place to be visited |
| Person, position |  |

**3. Requested funding**

4. Other funding requested and/or obtained

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| 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

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| 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) |

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| Work plan and calendar |

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| Collaboration’s interest and team complementarity |

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| Benefits of the collaboration for the Swiss team |

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| **Previous collaborations**  Have you already been in previous collaborations with the same partner?  yes  no  If yes, on which project(s)? |

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| **Available equipment to achieve the project**  Switzerland  France |

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| **Significant publications linked with the project** (maximum 5)  Switzerland  France |

7. Prospects of the collaboration

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| 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?) |

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| **Expected results of the project**  (Publications, communications, symposium to be organized, trainings, social, industrial and economic impact, patents, etc.) |

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| 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)? |

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

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| 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 June** **15 2024** to the SATW (mint@satw.ch)

Without these two evaluations your application is not valid!

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| **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 [mint@satw.ch](mailto:mint@satw.ch) before May 15 2024