REPUBLIQUE FRANCAISE

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RÉPUBLIQUE FRANÇAISE

AMBASSADE DE FRANCE
A
MALTE

Le Service de Coopération et d'Action Culturelle

130, Melita Street,
Valletta, Malta
Tél : (356) 2248 0600
Fax : (356) 2248 0613
e-mail :ellsworth.camiller@diplomatie.gouv.fr

Photo

Bourses Scientifiques de courte durée
Short Scientific Internships

APPLICATION FORM

THREE COPIES OF THIS APPLICATION FORM AND OF YOUR CV SHOULD BE SENT TO THE FRENCH EMBASSY.

Personal Data		
Surname	*Name*	
Address _____ _____ _____		*Civil Status*
Tel. No (Home)	*Mobile No.*	*Tel. No (Work)*
e-mail	*Fax No.*	
Date of Birth	*Nationality*	*ID No.*
Passport No.:		
Next of Kin: Name: _____ Address: _____ Tel and Mobile No.: _____ How related to applicant: _____		
Education		
Current Studies: Degree: _____ Year: ___ Supervisor: _____ Faculty and Department: _____ Head of Department : _____ *Please explain in simple terms the research/study you are currently carrying out:* _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		

Past Qualifications:		
Year	*Degree / Diploma obtained and area of study*	*University*

French Language Proficiency (if any):

_____

Professional Experience		
Present post held _____		
Employer _____		
Address _____		
_____		
Past Employment		
Dates	Job title	Employer

Leisure Interests:

_____

Information about the internship you are applying for :

Preferred period for the internship, if any (minimum 1 month, maximum 6 months):

_____

Preferred research or training institution(s) in France (note city/town):

_____

_____

Have you, or anyone from your department, already been in contact or previously worked with this institution? If yes, with whom, when and what was the outcome? (please note contact details)

_____

_____

_____

_____

_____

What kind of work/study would you like to carry out during the internship:

_____

_____

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State how you would benefit from this scholarship in your studies/research and in your work. Also state in what way your department at the University of Malta would benefit from your stay in France and how you would envisage a continuous cooperation between your Department and the French institution:

Do you have permission from your Supervisor/Head of Department to follow this internship?

Explain your future projects – further studies/profession:

Are you planning to work abroad?

Experiences in France and abroad:

Have you ever been to France? (If yes, specify date, duration & purpose)

Have you ever lived in another foreign country for a long period or followed training or work experience? (Indicate dates, duration & purpose)

Have you already received any scholarship or grant in the past given by the French Government, any other country or another particular institution? (Indicate dates, duration & purpose)

Application and commitment:

I, the undersigned certify that all the above statements are correct and I herby submit my application for consideration.

I further declare, should I be selected for the above scholarship:

1- *Not to withdraw my candidacy except for very exceptional reasons that shall be discussed with the French Embassy.*
2- *To follow and complete the entire internship in France.*
3- *To refund the bursary in case of an interruption of the internship by the candidate.*
4- *To make a report on the followed internship, approved by the training supervisor in France, and to send it to the French Embassy and to the University of Malta.*
5- *To become a member of the Maltese network of the 'anciens boursiers' of the French Government and to participate in its activities.*

Name : _____

Date : _____ Signature: _____