**Exeter – Université Paris-Saclay Strategic Partnership**

**Professional Staff Exchange Programme Application Form**

Please review the ‘Exeter – Université Paris-Saclay Professional Staff Exchange Programme Guidelines’ before completing your application**.**

Please submit completed form to [GP-Funding@exeter.ac.uk](mailto:GP-Funding@exeter.ac.uk) and [strategic.partnerships@universite-paris-saclay.fr](mailto:sergei.shikalov@universite-paris-saclay.fr) by **10th November 2025**.

|  |  |
| --- | --- |
| **1. Application summary** | |
| **Professional Staff Member** | |
| Name |  |
| Position / Title |  |
| Appointment | Permanent /  Fixed term ending on: |
| Department/Unit |  |
| Institution |  |
| Email |  |
| Phone |  |
| Name and title of Host Partner staff member (Host) |  |
| Email of staff member at Host Partner: |  |
| Unit of Host Partner staff member |  |
| Expected dates at Host Partner |  |

|  |
| --- |
| **2. Purpose of Visit *(up to 500 words)*** |
|  |

|  |
| --- |
| **3. Timetable of meetings, activities and events** |
|  |

|  |
| --- |
| **4. Aims and Objectives *(up to 500 words)*:** please provide details on the ways in which the visit will:   * Share best practice and experience in your field between the two institutions * Provide professional development opportunities * **Exeter staff**: Align with the How We Will Work pillars of the University of Exeter Strategy, including Collaboratively, Sustainably and Digitally * **Université Paris-Saclay staff**: Align with the Université Paris-Saclay institutional international guidelines, including Inclusion, Collaboration and Innovation. |
|  |

|  |
| --- |
| **5. Outcomes *(up to 500 words)*:** describe the key outcomes and deliverables you expect to achieve from this visit |
|  |

|  |  |  |
| --- | --- | --- |
| 6. Funding Requested (No more than EURO $1500 / GBP £1250) | | |
| Expense Item (please refer to guidelines) | **Budget amount** (use the currency of the home Institution) | **Notes/Justification** |
| Accommodation |  |  |
| Train fares |  |  |
| Automobile & Other Transportation |  |  |
| Minor Reimbursable Items |  |  |
| Other |  |  |
| Total Budget |  |  |

|  |  |
| --- | --- |
| **PROFESSIONAL STAFF EXCHANGE: Sign-off from applicant**  **By signing this form, I agree that: as representative of my home University, should my application be successful, I may be required to undertake additional activity on behalf of my University while at the host institution; I will complete a report on the visit within two months of return; and I will keep within the budget allocated.** | |
| **SIGNATURE OF APPLICANT** | **DATE** |

|  |  |
| --- | --- |
| **Support from Head of Unit and Line Manager (if different)**  **Please describe/confirm the benefits to the applicant and to your Unit. In addition, please confirm that your Unit will be able to maintain business as usual during absence of this member of staff.** | |
| **STATEMENT:** | |
| **SIGNATURE OF APPLICANT’S LINE MANAGER:** | **DATE** |