NAWA NARODOWA AGENCJA WYMIANY AKADEMICKIEJ

ULAM – SEAL 2025
APPLICATION

1. General information

This information will be filled in automatically based on your answers from the rest of the application.

1.1. Application number

1.2. Applicant's first name

Testowa

1.3. Applicant's last name

Benka

1.4. Project's start date

1.5. Project's end date

1.6. Length of stay at the Host Institution

1.7. Project's duration (length of stay plus three months)

1.8. Total financing requested

0,00 PLN

2. Applicant – general information

2.1. First name (the same as in the identity card/passport)

Testowa

2.2. Last name (the same as in the identity card/passport)

Benka

2.3. Gender
- ○ Male
- ○ Female
- ○ Other
- ○ Prefer not to say

2.4. Date of birth

2000-02-03

2.5. Citizenship

of Nigeria

2.6. Identity card/passport number

2.7. Identity card/passport issuing country

2.8. Identity card/passport valid until

2.9. Phone number

2.10. Diploma issuing country

2.11. Academic title/degree
- ○ Doctor of philosophy (PhD)
- ○ Degree of DSc (habilitation)
- ○ Professor (full professor)
- ⦿ Other

2.12. Do you have an Orcid ID?
- ○ Yes
- ○ No

2.13. Date of PhD award

2.14. Type of workplace
- ○ Higher education Institutions (University, technology etc.)
- ○ Research organisation/Institution

2.15. Employment status

○ Current employee
○ Former employee

2.16. Full legal name of Institution or workplace

[   ]

2.17. City

[   ]

2.18. Country (choose from the list:)

[   ]

2.19. Webpage

[   ]

3. MSCA-PF-EF documents

3.1. **MSCA-PF-EF** application

[No attachment.   ]

3.2. Reviews of **MSCA-PF-EF** application

[No attachment.   ]

3.3. Certificate of Seal of Excellence

[No attachment.   ]

4. Host Institution

4.1. Name of the Institution in Polish (choose from the list)

[   ]

4.2. Faculty/division/team (according to the organisational structure of the Institution)

[   ]

4.3. City

[   ]

Person responsible for coordination of the planned activities and Applicant's visit - Supervisor

4.4. First name

[   ]

4.5. Last name

[   ]

4.6. Academic title/degree

[   ]

4.7. Position

[   ]

4.8. Email address

[   ]

4.9. Phone number

[+48   ]

4.10. Phone number (mobile)

[+48   ]

4.11. **Invitation from the Host institution issued** with the date not earlier than the date of announcement of the call, a template of which constitutes an attachment to the Announcement. Document should be signed by the Supervisor and by the person authorised to represent the Host Institution (preferably with qualified electronic signature) - Rector or Vice Rector of a University or the Director of a scientific or research Institute. In case of other Person representing the Host institution, the document shall be attached with a power of attorney for such person.

[No attachment.   ]

5. Information about the project

5.1. Title of the proposal

5.2. Key words (no more than 5)

5.3. Abstract

5.4. Proposal classification according to the OECD classification of fields of science and technology. Choose from the list (minimum one and maximum three indications are possible)

I level OECD

II level OECD

III level OECD

5.5. Does the project comply with the Sustainable Development Goals (SDGs)?

○ Yes
○ No

6. Budget of the project

6.1. Duration of the stay (number of months)

6.2. Start of the project

6.3. End of the project (the project implementation period includes the stay period plus 3 months)

6.4. Amount of Scholarship (duration of the stay x PLN 7,500 per month)

PLN

6.5. Costs of living and accommodation (duration of the stay x rate per country of stay)

PLN

6.6. Have you got underage child/children?

○ Yes
○ No

6.7. Residence country (country of stay before the project)

6.8. One-off allowance for travel costs according to the country of residence before the project

PLN

6.9. Do you have a certificate of severe or moderate disability and want to receive an increased amount for living and accommodation costs?

○ Yes
○ No

6.10. TOTAL

0,00 PLN

7. How did you find out about the programme?

How did you learn about the programme?

Note: Below question is asked for the purpose of the evaluation of the activities of NAWA only.
The answer to the question is not taken into account in the formal assessment or in the content assessment of the application.

Please select at least 1 answer, not more than 3

☐ NAWA's website: www.nawa.gov.pl
☐ NAWA's newsletter that I am subscribed to
☐ NAWA's social media profile: Facebook
☐ NAWA's social media profile: X
☐ NAWA's social media profile: YouTube
☐ NAWA's social media profile: LinkedIn
☐ Research in Poland campaign – website: researchinpoland.org
☐ Research in Poland campaign social media profile: Facebook
☐ Research in Poland campaign social media profile: X
☐ Research in Poland campaign social media profile: LinkedIn
☐ Research Gate campaign
☐ a friend who is/was a beneficiary of NAWA's programmes
☐ a Polish booth or presentation at a higher educational fair or conference
☐ Conference and events organized by NAWA
☐ Polish Embassy/Consulate
☐ information at the science-related website
☐ information about the programme posted by the Polish hosting institution
☐ Information webinar organized by NAWA
☐ in my institution (but not from a beneficiary of NAWA programme)
☐ from a colleague representing Polish institution
☐ Other source

8. Declarations

The information included in the above application is consistent with the facts and law. I am aware of the criminal liability, concerning the attestation of untruth about a circumstance of legal significance.

☐ I approve

The planned costs indicated in the application will not be financed from other sources.

☐ I approve

I have not been convicted of an offence related to my professional activity, breach of professional ethics, nor have I been penalised for a serious professional misconduct.

☐ I approve

I am not subject to a final judgment regarding fraud, corruption or any other illegal activity that results in any damage or threat.

☐ I approve

I did not deliberately or negligently fail to perform contracts or projects financed or co-financed from public funds.

☐ I approve

I hereby:
- consent for processing of personal data,
- confirm that I have become acquainted with the rules of personal data protection indicated in the Programme Regulations,
- confirm that I have fulfilled the obligation to provide information to the persons whose data have been provided within the framework of this application – by providing the rules of personal data protection indicated in the Programme regulations.

☐ I approve

First name	Last name	Date