Application for the EURIDOL  
" Support for Additional Training”

Proposed financial support:

**Objective:** Support selected students who wish to obtain a professional certification, in addition to their regular Master’s or Doctoral Diploma. This additional training shall benefit their envisioned career plan.

**Potential projects:** DU in animal experimentation (applicator level); European diploma in pain medicine; DU in hypnosis; etc.

### Eligibility criterion:

* To be enroled as a master’s or doctoral student at EURIDOL

### Evaluation criterion:

* The relevance of the application to the career plan
* The choice of the training and training institution

### Budget support:

* EURIDOL may partly or completely support the costs of the additional training
* The amount of the financial support will vary according to the type of application and the number/amount of supports already validated for the ongoing academic year

### Evaluation procedure:

* Applications will be evaluated by a jury composed of EURIDOL Pedagogic Council members
* The EURIDOL Council shall validate the evaluation submitted by the jury

## Application:

Requests for funding can be submitted all year long to: [euridol[at]unistra.fr](javascript:linkTo_UnCryptMailto(%27kygjrm8cspgbmjYslgqrpy%2Cdp%27);) . It is recommended to submit the requests as early as possible, at least 3 months before the registration/application deadline of the training.

EURIDOL "Support for Additional Training” Application Form

## Date of the application: **Friday, 07 January 2022**

## General information:

**Situation A: EURIDOL Master Student**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SURNAME |  | | | |
| First Name |  | | | |
| Unistra Master Track (tick box) | JMN | NCI | | NCO |
| Master Year | Master 1 | | Master 2 | |
| M1 Internship laboratory  (if known) |  | | | |
| M2 Internship laboratory  (if known) |  | | | |
| Unistra E-mail address |  | | | |

**Situation B: EURIDOL Doctoral Student**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SURNAME |  | | | |
| First Name |  | | | |
| Thesis Year (tick box) | 1st year | 2nd year | 3rd year | Other: |
| Research Unit |  | | | |
| Thesis Director |  | | | |
| Thesis title |  | | | |
| Professional e-mail address |  | | | |

## Information on the additional training:

|  |  |
| --- | --- |
| Name/Title of the training |  |
| Institute/Institution proposing the training |  |
| Duration of the training |  |
| Date(s) of the training  *(if a training is proposed at different dates, please list them all)* |  |
| Training registration/application deadline |  |
| Type of training certification  *(DU/certificate/diploma /…)* |  |

## Letter of motivation *(1 page maximum)*

*Detail the professional project / career plan and how the additional training feeds into it. Indicate the reasons of choosing this particular training institute/institution for the training.*

## CV of the Student *(1 page maximum)*

## Budget breakdown *(in euros)*

|  |  |
| --- | --- |
| **Training expenses** | |
| Registration fees |  |
| Other expenses (please detail) |  |
| **Sub-total Training Expenses** |  |
| **Travel expenses (if any)** | |
| Transportation costs |  |
| Hotel costs |  |
| **Sub-total Travel expenses** |  |
| **TOTAL EXPENSES** |  |

|  |  |
| --- | --- |
| **Funding** | |
| Requested budget support from EURIDOL |  |
| Other funding (please detail funding source and status: *requested / confirmed*) |  |