**Flexible Mobility Award (FMA) - Application Form**

*Please read the Flexible Mobility Award (FMA) Guidance of the i-NutriLife Hub BEFORE you complete this application form. FMAs are funded for a maximum duration of 3 months and are open to researchers and staff from academia to work in industry as well as from industry to work in academia. The award must be held by the academic partner.*

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| --- | --- | --- | --- |
| **Project title** |  | | |
| **Applicant** |  | | |
| **Nature of the mobility** *(i.e. academia to industry or industry to academia)* |  | | |
| **Host organisation** *(i.e. where the mobility is to)* |  | | |
| **Total amount requested at 100%** *(maximum request is £20K).* **Note: If you are successful, you will be awarded 100% of this sum** | £ | | |
| **Start Date** |  | **End Date** |  |

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| **Section A -** **Applicant and organisation details** (all boxes are expandable) | | |
| **Applicant from academia. Please include a 2-page CV.** | | |
| Name |  | |
| Position |  | |
| Name of organisation |  | |
| Address of organisation |  | |
| Phone Number |  | |
| E-mail |  | |
| Research or Contract Office contact name |  | |
| Phone Number |  | |
| E-mail |  | |
| **For movement from academia to industry: Host organisation** *(i.e. where the mobility will be to)* | | |
| Supervisor/manager name |  | |
| Name of organisation |  | |
| Address of organisation |  | |
| Phone Number |  | |
| E-mail |  | |
| **For movement from industry to academia** *(i.e. where the mobility will be from)* | |
| Who will be mobile? |  | |
| What is their role? |  | |
| Name of organisation |  | |
| Address of organisation |  | |
| Phone Number |  | |
| E-mail |  | |

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| **For industry partner(s)** |
| Employee headcount – *Please* *highlight as appropriate*: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| <5 | 5-9 | 10-24 | 25-49 | 50-99 | 100-249 | 250-499 | 500-1000 | 1001-4999 | >5000 |

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| --- |
| Company annual turnover for the last financial year – *Please highlight as appropriate*: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| <£10k | £10k-99,999 | £100k-249,999 | £250k-499,999 | £500k-749,999 | £750k-999,999 |
| £1M-1.9M | £2M-5M | £5M-9.9M | £10M-24.9M | £25M-50M | £>50M |

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| **Section B - The project placement (max. 200 words per sub-section).** |
| **B1. Do the partners (academia and industry) already have a collaboration (if so please outline) or is this a new collaboration?** **B2. What do you hope to gain from the placement?**  **B3. What is the career status of the staff member who will be supported by the award?**  **B4. What activities will the placement include (tasks), and what will change as a result of (outputs)?** **B5. What are the intended outcomes for you and the project?** **For the academic partner:**  **For the industry partner:** |

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| **Section C – Financial details** | |
| *Projects are funded at 100%.*   * *Please provide a summary of the of project costs in the table below at 100%.* * *We will provide a fixed sum of £3K for consumables to be used on the project.* * *If successful you will be funded at 100% of your request.* * *The Hub will not fund purchase of equipment.* * *The i-NutriLife Hub aims to support primarily research activities (Directly Incurred costs) and encourages other costs (Directly Allocated) to be limited to 20% of the total project costs.* * *Estates costs and Indirect costs are NOT permitted.* | |
| **Directly incurred costs:** | **Amount (in £) at 100%** |
| Salary costs |  |
| Travel/Subsistence |  |
| Consumables & other research costs | £3,000 |
| Other costs |  |
| **Directly allocated costs: Please provide details** |  |
|  |  |
| **Total project costs (in £) at 100%** |  |
| **Justification of costs** (max. 300 words) | |
|  | |

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| **Section D – Applicant and Host Organisation Signatories** | | |
| **Applicant’s Research or Contract Office** | | |
| Name | Signature | Date |
| **Host Organisation’s Research or Contract Office** | | |
| Name | Signature | Date |

**Final checklist:**

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| ✓ | **Please read and tick to indicate you have done the following:** |
|  | I have read the Flexible Mobility Award (FMA) guidance for the i-NutriLife Hub |
|  | I have read the i-NutriLife Hub Privacy Notice |
|  | I consent to i-NutriLife Hub and University of Southampton holding the personal information included in this application |
|  | I understand the funding and duration limits of this call. |
|  | I will ensure a formal collaboration agreement is in place before placement commencement |
|  | I am a member of the i-NutriLife Hub (encouraged). |
|  | The industry partner is a member of the i-NutriLife Hub (encouraged). |
|  | Letter(s) of support from the industry partner(s) has/have been attached. |
|  | I have provided a cv with this application. |
|  | I confirm that I am not submitting this same application to another Diet and Heath Innovation Hub |
|  | I consent that my application may be shared with the Leads of other Hubs if it is deemed to be more appropriate to their remit than to the i-NutriLife Hub remit. |

**To submit the application:**

Please send the completed application form and letter(s) of support by e-mail to the i-NutriLife Hub Manager: [i-NutriLife@soton.ac.uk](mailto:i-NutriLife@soton.ac.uk)

The application form should be a MS Word document. Any other documents can be submitted as a PDF.

**Help and Advice**

Please e-mail the i-NutriLife Hub Manager: [i-NutriLife@soton.ac.uk](mailto:i-NutriLife@soton.ac.uk)

