**APPLICATION FORM**

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| **I** | **TYPE OF APPLICATION:** | **Institutional** |  |  | **Lead Researcher** |  |  |
|  | *(Please select* ***only*** *one option with an "X")*  *(Please do not forget that for Postdoctoral Position projects the type of application you must selected is* ***Institutional****)* | *(Institucional)* |  |  | *(Investigador Responsable)* |  |  |
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| **II** | **GENERAL INFORMATION** |  |  |  |  |  |  |
|  | **1) Type of Project:** |  |  |  |  |  |  |
|  | *(Please select* ***only*** *one option with an "X")* | **Postdoctoral Position** |  |  |  |  |  |
|  | *(Posición Postdoctoral)* |  |  |  |  |  |
|  |  | **Development and training in astronomy and related sciences** |  |  | **Dissemination and Outreach** |  |  |
|  |  |  |  |  |  |
|  |  |  |  | *(Proyectos de Difusión y Divulgación)* |  |  |
|  | *(Proyectos de Desarrollo y Formación en la astronomía y ciencias afines)* |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **2) Name of Project:** |  | | | | |  |
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|  |  |  |  |  |  |  |  |
|  | **3) Total amount of Project funds (CLP):** | **$** |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **4) Project Duration in years:** | 1 year |  |  | 2 year |  |  |
|  | *(Please select* ***only*** *one option with an "X")* |  |  |  |  |  |  |
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| **Yes** |  | **No** |  |

**5) Is this project been submitted to other funding sources?**

*If the previous answer is YES, please indicate the name of the funding source(s) and the amount of funds requested/obtained.*

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| **6) Lead Researcher** | |  |  |
|  |  |  |  |
| Names | Family name | Academic Degree | Institution / Year |
|  |  |  |  |
| Current Institution | Faculty | Department | Position |
|  | |  | |
| Address | | Region | |
| Email Address | |  | |
| Phone number | |  | |

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| **7) Main Sponsoring Institution** |  |  |
|  | |  |
| Name of Representative of the Sponsoring Institution | | Position |
|  |  |  |
| Institution | Faculty | Department |

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| **8) Details of other associated Institution(s), if applicable (add rows if necessary).** | | |  |
| Name of Contact | Department | Faculty | Institution |
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| III | | **PROJECT INFORMATION** | |  |  |  |  |  |  | |
|  |  | **1) Summary of Project Proposal (maximum 200 words).** | | |  |  |  |  |  | |
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|  |  | **2) Description.** | |  |  |  |  |  |  | |
|  |  | Overall Aim: | | | | | | |  | |
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|  | | | Specific Objectives: | | | | | | |  | |
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|  | Work Plan: |  |
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| **3) Information on Participants, including the Lead Researcher, and their role or commitment to the Project (add rows if necessary).** | | | | | | |
|
| Name and Surname | Rut/ Passport | Time dedicated per week | Start date | End date | Expected payment or incentive | Role or commitment |
|  |  |  |  |  |  |  |
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|  | **4) Management and budget description.** |  |  |  |  |  |
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|  | **5) Consistency between budgets requested and project activities.** |  |  |  |  |  |
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|  | **6) Expected impact and outreach.** |  |  |  |  |  |
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| |  | | --- | |  | | I certify that the information I have given on the application is complete and correct at the time of submission. Further, I understand that misrepresentation of any information or failure to provide necessary documents may result in my ineligibility for funding. |