**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. |