**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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**Suggested referees (optional):**

Please add names of colleagues which you think they have the necessary background, skills, and qualifications that allow them to assess your project. Suggested referees should not have publications in common with the applicant during the last 5 years, neither a professional relationship (applicant advisor, professor-student relationship, etc), nor a business relationship.  Applicant's relatives, and family member at any level cannot be suggested as referees. The provided information may be considered during the referee selection process.

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| --- | --- | --- |
| Name and Surname | E-mail Address | Institution |
|  |  |  |
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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. |