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| **FOLIO** | **REDES14** |  |
|  |  | ***CONICYT use only*** |

**CALL FOR PROPOSALS IN SUPPORT OF INTERNATIONAL NETWORKING**

**BETWEEN RESEARCH CENTRES**

**2014**

**Application Form**

## GENERAL BACKGROUND

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| **Name of applying centre** |  |
|  |  |
| **Creation date of the centre** |  |
|  |  |
| **Main national sponsoring institution (if applicable)** |  |
|  |  |
| **Name of lead researcher in Chile** |  |
|  |  |

## BACKGROUND INFORMATION OF THE NATIONAL CENTRE APPLYING

**2.1.- BRIEF SUMMARY DESCRIPTION OF THE CENTRE**

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## 2.2.- OBJECTIVES OF the CENTRE

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**2.3. R&D ACTIVITIES CARRIED OUT BY THE CENTRE AND RESULTS OBTAINED TO DATE**

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### 2.4.- INFORMATION ON THE NATIONAL CENTRE’S INTERNATIONAL COLLABORATION EFFORTS AND RESULTS TO DATE

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## NETWORK CREATION PROPOSAL

*Use additional sheets if necessary.*

### 3.1.- PROPOSAL OBJECTIVES

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| General objectives: |
| Specific objectives: |

### 3.2.- NETWORKING MODALITIES TO BE EXECUTED AND PROGRAMMING (Gantt chart)

*In accordance with clauses 9, 10 and 11 of the terms and conditions for this Call*

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### 3.3.- JUSTIFICATION OF THE NETWORK CREATION PROPOSAL

*Demonstrate how the proposal complements existing networking activities undertaken by the national centre*

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### 3.4.- EXPECTED RESULTS FROM THE NETWORK CREATION PROPOSAL

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### 3.5.- PROPOSED STRATEGY DERIVED FROM THE RESULTS

*Include the action initiatives that the centre will carry out with the centre abroad upon completing this project proposal.*

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### 3.6. Justification of the requested funding (use of the resources)

*Justify the budget presented in accordance with project objectives.*

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## OTHER PARTICIPANTS OF THE RESEARCH GROUP

*Other researchers, undergraduate and graduate students, technical staff and collaborators*

|  |  |  |
| --- | --- | --- |
| Researcher | Surname (Paternal) |  |
| Surname (Maternal) |  |
| First name(s) |  |
| Identity document | * ID Card * Passport |  |
| Place of work | Institution |  |
| Faculty |  |
| Department |  |
| City |  |
| Country |  |
| Telephone |  |
| Email address |  |
| Address |  |

*Copy and paste the above table in order to add additional participants in the Project proposal*

## ADDITIONAL INFORMATION

*Please include any other information that may be considered relevant for your application*

### SIGNATURE OF DIRECTOR OF NATIONAL CENTRE APPLYING

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Date: |  | Signature and Stamp: |  |

### SIGNATURE OF THE LEAD RESEARCHER APPLYING

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Date: |  | Signature: |  |