

Application form for Associated Partnership with ACTRIS PPP

1. Proposer Information			
PI First and Last name:		Title:	
Name of Legal Entity:			
Department / institute:		Website address: (if available)	
Was/is your Legal Entity associated with ACTRIS (EU FP7 2011-2015), ACTRIS-2 (EU H2020 2015-2019) or with EUROCHAMP-2020 (EU H2020 2016-2020)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
PI Research status:		Country:	
Postal address:			
E-mail:		Phone number:	
Recent references (5 max, if no references, short CV)			
2. Involvement in ACTRIS PPP			
ACTRIS activity towards proposal is addressed to:			
<input type="checkbox"/>	Legal framework (WP2)		
<input type="checkbox"/>	Financial Framework (WP3)		
<input type="checkbox"/>	Central Facilities (WP4)		
<input type="checkbox"/>	National Facilities (WP5)		
<input type="checkbox"/>	Service Provision (WP6)		
<input type="checkbox"/>	Strategy and Long-term vision (WP7)		
<input type="checkbox"/>	Socio-economic impact (WP8)		
For more information on the WPs see the WP descriptions in the ACTRIS PPP proposal: http://www.actris.eu/Portals/46/Documentation/ACTRIS PPP/Official documents/ACTRIS PPP Coordination and support actions.pdf			

**3. Brief description of the proposed activity
and/or description of past involvement in ACTRIS** (max 250 words)

(E.g., description of planned activities and objectives, possible integration in ACTRIS PPP, mutual benefits, deliverables to the project, technological development, innovation potential and knowledge transfer, etc.)

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<input type="checkbox"/>	<i>We are aware of the ACTRIS PPP Data Policy (http://www.actris.eu/Portals/46/Documentation/ACTRIS PPP/Deliverables/Public/ACTRIS PPP data policy.pdf)</i>
<input type="checkbox"/>	<i>We have already contacted our national ACTRIS contact person / national ACTRIS consortium.</i>

Involved Co-workers:

First, last name	Research Status	Email