|  |  |
| --- | --- |
| **Title of the project:** |  |
| **Start date (yyyy-mm-dd):** | Click or tap to enter a date. | **End date (yyyy-mm-dd):** | Click or tap to enter a date. |
| **Abstract (maximum 1500 characters with spaces – will be public):** |
|  |
| **Aim of the project (maximum 300 characters with spaces):** |
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| **Background (maximum 3500 characters with spaces):** |
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| **Work plan (maximum 4000 characters with spaces):** |

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| *Remember to think of the six criteria.* |
| **List the Research Infrastructure(s) that the pilot project will use:** |
| **Name of the Research Infrastructure** | **Technique/Method** |
|  |  |
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|  |  |
| **Describe how and when to get access to the research infrastructure(s) (e.g. beam time):** |
|  |
| **Information about all participants in the project** Also including participants who will contribute but who don’t apply for reimbursement from HALRIC.Please note that the reimbursement costs of 40% (50% for Norwegian partners) from HALRIC will be calculated automatically based on the stated activity level in the project (% time in project). Therefore, there is no need to state neither in the application form nor in the budget form that the applicant is applying for 40% (50%) reimbursement from HALRIC, nor that you will finance the remaining 60% (50% for Norwegian partners) with additional funding (the text in red can be removed before sending in the application). |
| Information about participant 1:  |
| Name: |  |
| Affiliation: |  |
| Role in project (tick all boxes that are relevant to you): | [ ]  Senior researcher[ ]  Junior researcher[ ]  Technical/RI application expert[ ]  Clinical staff |
| % time in project: |  |
| Are you applying for reimbursement from HALRIC? | [ ]  Yes [ ] No |
| E-mail address: |  |
| Information about participant 2: |
| Name: |  |
| Affiliation: |  |
| Role in project (tick all boxes that are relevant to you): | [ ]  Senior researcher[ ]  Junior researcher[ ]  Technical/RI application expert[ ]  Clinical staff |
| % time in project: |  |
| Are you applying for reimbursement from HALRIC? | [ ]  Yes [ ] No |
| E-mail address: |  |
| Information about participant 3: |
| Name: |  |
| Affiliation: |  |
| Role in project (tick all boxes that are relevant to you): | [ ]  Senior researcher[ ]  Junior researcher[ ]  Technical/RI application expert[ ]  Clinical staff |
| % time in project: |  |
| Are you applying for reimbursement from HALRIC? | [ ]  Yes [ ] No |
| E-mail address: |  |
| Information about participant 4: |
| Name: |  |
| Affiliation: |  |
| Role in project (tick all boxes that are relevant to you): | [ ]  Senior researcher[ ]  Junior researcher[ ]  Technical/RI application expert[ ]  Clinical staff |
| % time in project: |  |
| Are you applying for reimbursement from HALRIC? | [ ]  Yes [ ] No |
| E-mail address: |  |
| Information about participant 5 (insert more rows if more participants): |
| Name: |  |
| Affiliation: |  |
| Role in project (tick all boxes that are relevant to you): | [ ]  Senior researcher[ ]  Junior researcher[ ]  Technical/RI application expert[ ]  Clinical staff |
| % time in project: |  |
| Are you applying for reimbursement from HALRIC? | [ ]  Yes [ ] No |
| E-mail address: |  |
| Information about the industry partner (if applicable): |
| Name:  |  |
| Affiliation |  |
| Role in the project: |  |
| E-mail address: |  |
| **Motivation of the composition of the cross-border research team:** |
|  |
| **Information about the financial officers for each participating organization:** |
| **Name** | **Affiliation** | **E-mail address** |
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| **Describe how you will work with the following sustainability goals (you need to contribute to minimum one criteria):** |
| Environmental sustainability (max. 400 characters with spaces): |  |
| Equal opportunities and non-discrimination (max. 400 characters with spaces): |  |
| Gender equality (max. 400 characters with spaces): |  |

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| **For the HALRIC Management Team:** |
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| Received by: |  | Date: |  |
| Approved by: |  | Date: |  |