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| **EUROPEAN COOPERATION IN SCIENCE AND TECHNOLOGY**  **COST PROGRAMME** | |
| **APPLICATION FOR PARTICIPATION IN THE MANAGEMENT COMMITTEE (MC) OF A COST ACTION** | |
| TO BE COMPLETED BY THE APPLICANT | |
| **APPLICANT’S NAME** |  |
| **COST ACTION TITLE** |  |
| ACTION NUMBER |  |
| FOR INTERNAL USE ONLY | |
| **DATE OF RECEIPT** | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |
| **COMPLETION AND SUMBISSION OF APPLICATION FORM** | |
| The Application as well as the Document ‘**Criteria for Participation in Running Actions of the COST Programme, General Rules, Procedures and Participants Obligations’ (COST-4 v.0821)** are available on RIF’s website (<http://www.research.org.cy>).  The Application Form duly completed should be submitted via the IRIS Portal.  For additional information, please contact the RIF Project Officer responsible for COST, Ms. Katerina Karakasidou tel. 22205000, e-mail: [kkarakasidou@research.org.cy](mailto:kkarakasidou@research.org.cy) or Dr. Kalypso Sepou, tel. 22205000, e-mail: [kalypso@research.org.cy](mailto:kalypso@research.org.cy).  Collection and processing of personal data submitted at RIF is carried out according to the RIF’s Policy for the Protection of Personal Data. RIF’s Policy which is posted on RIF’s website ([www.research.org.cy](http://www.research.org.cy)), determines the way in which the RIF collects and processes personal data (information) relating to natural persons (individuals), as well as the way in which it obtains their consent in relation to the processing of their data, according to the principles and provisions of Regulation (EU) 2016/679 "General Data Protection Regulation (GDPR)" entered into force on 25 May 2018. | |

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| **1. RESEARCHER’S DETAILS** | | |
| **full name** |  | |
| **ORGANISATION / DEPARTMENT** |  | |
| **POSITION / capacity** |  | |
| **DATE of completion of Ph.D.**  **(IF applicable)** |  | |
| **Is your employment position OF A LIMITED DURATION OR FIXED-TERM?** | YES  NO  In case your answer is YES, please attach, at the end of this document, a confirmation by your Employer indicating the duration of your employment contract or any other supporting document (e.g. employment contract or confirmation for Early Career Investigators-EICs). Please consult *Form COST-4 v.0821.* | |
| **address** |  | |
| **telephone number** |  | |
| **e-mail address** |  | |
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| **2. COST ACTION DETAILS** | | |
| **action title** | |  |
| **action number** | |  |
| **starting date** | |  |

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| **3. PARTICIPATION IN THE INITIAL CONSORTIUM**  The participation in the initial consortium of a COST Proposal qualifies automatically a researcher to become a member in the Management Committee (MC) of the Action. The submission of an Application is not required; however RIF should be informed in order to evaluate if the researcher conforms with the national rules |

YES

NO

If you have selected YES above, please indicate your role in the initial consortium:

* Coordinator
* Member of the Research Team

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| **4. PARTICIPATION IN OTHER COST ACTIONS** |

Do you already participate in other running COST Action?

YES

NO

If YES, please complete the following Table:

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| --- | --- |
| **action title** |  |
| **action number** |  |
| **date of completion of the action** |  |
| **PARTICIPATION IN THE INITIAL**  **CONSORTIUM ESTABLISHING THE ACTION** | YES  NO |

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| **5. DECLARATION OF APPLICANT** | |
| I, the undersigned, hereby declare that in case of approval of my participation in a COST Action:   1. I will actively participate in **all** the meetings and activities of the Action. When this is not feasible, I will inform the Research and Innovation Foundation (RIF) beforehand. I will collaborate with all the other appointed Delegates / Substitute Delegates from Cyprus to secure uninterrupted representation and flow of information. 2. I will submit an Annual and a Final Report to the RIF and any other information requested, relevant to my involvement/participation in the Action’s activities. I will inform RIF for important events that will take place in Cyprus and about the Action’s important results. 3. I will participate in the annual meetings of the Representatives of Cyprus at the Management Committee level, convened by the Research and Innovation Foundation (RIF), presenting my involvement in the Action’s activities. 4. I am committed to act for the interests of the Republic of Cyprus and I will not take any actions that may harm its own good. 5. I will inform immediately RIF of any change in my status that affects my nomination or the fulfilment of national criteria (e.g. change of employer, leaving the Country, seize of research activity, change of employment status for EICs etc.) 6. If for any reason I will request the termination of my appointment in the Action, I will propose researcher(s) that could replace me in order for the participation of Cyprus in the Action to continue. 7. All the information declared in this application is true.   ***I understand that, the Research and Innovation Foundation (RIF) has the right of re-examining my appointment in case I fail to comply with the rules and obligations.*** | |
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| **Signature of the Applicant:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Full Name of the Applicant**: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **6. OFFICIAL APPROVAL**  Applies ONLY to the participation of Civil Servants and wider Public Sector employees (Public Benefit Organizations incl. Semi-state Organizations). | | |
| I ………………………………………………… Head of the Ministry / Department / Service …………………………………… declare that I have been informed and I agree with the participation of Dr/Mr/Ms …………………………………… in the COST Action of the COST Programme with Number CA …………… . | | |
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| **Signature of the Head of the Ministry / Department / Service:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Seal of the**  **Organisation**  (if available) |
| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **7. JUSTIFICATION OF APPLICATION FOR PARTICIPATION IN THE COST ACTION**  Please justify why you would like to participate in the COST Action and your potential contribution to the Action’s activities. In addition, please describe briefly your qualifications and how these relate to the Action’s activities(max. 3 pages) |

**REASONS FOR APPLICATION AND EXPECTED CONTRIBUTION TO THE ACTION’S ACTIVITIES**

**QUALIFICATIONS & RELEVANT EXPERIENCE**

(a) Academic Qualifications

(b) Relevant Research Experience

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| **8. PARTICIPATION IN ONGOING RESEARCH PROJECTS RELEVANT TO THE ACTIVITIES OF THE ACTION**  Information should be given ONLY for running Projects which have not been completed yet at the time of the submission of this Application and are relevant to the activities of the Action, as these are described in the Action’s Memorandum of Understanding (MoU). These Projects may be supported by international, European, national or other sources of funding. | | | | | |
| **TITLE OF PROJECT** | **ACRONYM** | **ESTIMATED DATE OF COMPLETION** | **ROLE IN PROJECT** | **FUNDING AGENCY/ ORGANISATION** | **PROJECT WEBSITE** |
|  |  |  | Coordinator  Member of Project Team |  |  |
|  |  |  | Coordinator  Member of Project Team |  |  |
|  |  |  | Coordinator  Member of Project Team |  |  |
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|  |  |  | Coordinator  Member of Project Team |  |  |
|  |  |  | Coordinator  Member of Project Team |  |  |
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**9. RECENT SCIENTIFIC PUBLICATIONS RELEVANT TO THE ACTION**

List the most recent publications relevant to the COST Action’s activities, as these are described in the relevant Memorandum of Understanding (MoU) (scientific publications, books, conference proceedings, monographs etc.) (max. 1 page).

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| **10. PARTICIPATION IN A WORKING GROUP**  Please indicate in which of the Action’s Working Groups you wish to participate and briefly explain the reasons. The activities of all Working Groups are presented in the Memorandum of Understanding (MoU) of the Action, which is available online on COST’s website at [www.cost.eu](http://www.cost.eu).  The Working Groups perform the necessary tasks required for the Action to fulfil its objectives as defined in the MoU. Participation in at least one Working Group of the Action is mandatory (max 0.5 page). |

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| **11. ANNEX – OTHER DOCUMENTATION**  In case your employment position is of a limited duration or fixed-term, please attach a confirmation by your Employer indicating the duration of your employment contract or any other supporting document (e.g. employment contract or confirmation for Early Career Investigators-EICs. Please consult Form COST-4. |