Application form for Associated Partnership with ACTRIS IMP

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), EUROCHAMP-2020 (EU H2020 2016-2020) or ACTRIS PPP (EU H2020 2017-2019)?			☐ Yes	☐ No
PI Research status:		**Country:**		
Postal address:				
E-mail:		**Phone number:**		
Recent references (5 max, if no references, short CV)				

2. Involvement in ACTRIS IMP
The proposed activity within ACTRIS is related to:
☐   ACTRIS Community (WP1)
☐   ACTRIS Organisation (WP2)
☐   ACTRIS Relevance and impact (WP3)
☐   Central Facilities (WP4)
☐   National Facilities (WP5)
☐   User Access (WP6)
☐   Trans-National Access (WP7)

☐	ACTRIS in the European and International Research Landscape (WP8)
☐	Positioning of ACTRIS in the European Innovation Ecosystem (WP9)
☐	ACTRIS Communications (WP10)
☐	Project Management (WP11)

For more information on the WPs, see the WP descriptions in the ACTRIS IMP proposal.

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 IMP, mutual benefits, deliverables to the project, technological development, innovation potential and knowledge transfer, etc.)

☐	*We are aware of the ACTRIS Data Policy (D2.3, https://www.actris.eu/sites/default/files/Documents/ACTRIS%20PPP/Deliverables/ACTRIS%20PPP_WP2_D2.3_ACTRIS%20Data%20policy.pdf)*
☐	*We have already contacted our national ACTRIS contact person / national ACTRIS consortium.*

Involved Co-workers:

First, last name	Research Status	Email