



**APPLICATION FORM - ERIC Projects**

**Title of Project:**

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**Project Leader**

Name: .....

Institution .....

Department .....

Institution Address .....

Postal Code..... City .....

Country .....

E-mail .....

Phone .....

Fax .....

**Contact Person (if different from the Project Leader)**

Name: .....

Institution .....

Department .....

Institution Address .....

Postal Code..... City .....

Country .....

E-mail .....

Phone .....

Fax .....

**Members of Project Group**

Please indicate their affiliation and position (if applicable)

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**General aims (briefly describe in a bullet point manner the aims of the project)**

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**Scientific deliverables (list any expected “practical” achievements e.g. guidelines, scientific publication, new protocol, etc)**

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**Signature Project Leader** .....

Please complete and return this form via email to: *office@ericll.org*