CfACTs Call 1

*This project has received funding from the European Union’s Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 900025.*

1. General Information

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| --- | --- |
| Proposal Title:(maximum 200 characters) |  |
| Acronym(maximum 50 characters) |  |
| Keywords(maximum 200 characters) |  |
| Research themes | [ ]  Computer animation and immersive technology; [ ]  Artificial Intelligence (AI); [ ]  Medical simulation / visualisation; [ ]  Assistive technologies;[ ]  Emotional computing; [ ]  Robotics;[ ]  3D printing; [ ]  Human Computer Interaction (HCI); [ ]  5G; [ ]  Others; |

1. Declaration

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| a) The applicant declares to have the explicit consent of all partner organisations (if applicable) on their participation and on the content of this proposal. |[ ]
| b) The information contained in this proposal is correct and complete |[ ]
| c) This proposal complies with ethical principles (including the highest standards of research integrity — as set out, for instance, in the [European Code of Conduct for Research Integrity](https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/guidance/european-code-of-conduct-for-research-integrity_horizon_en.pdf) — and including, in particular, avoiding fabrication, falsification, plagiarism or other research misconduct). |[ ]

1. Participant and contact
	1. Researcher

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Nationality  |  |
| Contact Address |
|  |
| Phone |  |
| Email |  |
| ORCID (optional) |  |

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| --- |
| Qualifications |
| Doctorate Date of (expected) award (DD/MM/YYYY): |  |
| Doctorate start date (DD/MM/YYYY): |  |
| University Degree giving access to PhD |  |
| Date of PhD award (DD/MM/YYYY) |  |

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| Place of activity/place of residence (previous 3 years - most recent one first)Indicate the period(s) and the country/countries in which you have legally resided and/or had your main activity (work, studies, etc) during the last 3 years up until the deadline for the submission of the proposal.Please fill in this section without gaps. Short stays (e.g. holidays) shall not be listed in this box. |
| Period from:(DD/MM/YYYY) | Period to:(DD/MM/YYYY) | Duration (days) | Country |
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* 1. Potential Supervisor

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| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| Title: |  |
| Telephone:  |  | Email: |  |

* 1. Potential Partner Organisation (provide an industrial partner for placement if it is relevant)

|  |  |
| --- | --- |
| Company Name: | [ ]  Humain[ ]  Framestore [ ]  Other[ ]  None |
| Please state company details if other is selected: |
| Company Name: |  |
| Contact Person Name:  |  |
| Telephone:  |  | Email: |  |
| Address: |  |