

COST Cooperation



EVALUATION FORM for

APPLICATIONS for SHORT-TERM SCIENTIFIC MISSIONS

COST Action : _____
 Working Group : _____
 Proposing Applicant : _____
 Host Institute : _____

GENERAL CRITERIA

CRITERIA	MARK *	COMMENT
<i>Scientific quality of the application</i> . originality . feasibility of approach		
<i>Compatibility with the COST Action</i> . compatibility with the MoU . added value to Action . extended network of contacts . timeframe of application . timeframe of Action		
<i>Realism of the Application</i> . feasibility within timeframe proposed . justification of the finance requested		
<i>Qualifications of the Applicant</i> . research being undertaken . research already undertaken . publications . participation in international research cooperation		
<i>Application of Results</i> . impact for Action . dissemination of result		
Overall Evaluation		

Recommend to Accept	
Recommend to Reject	
Recommend to Modify	

* Please indicate one of the following : (NA = not applicable, 1 = poor, 2 = average, 3 = good). The subdivisions of the criteria only indicate examples of the factors to be considered and do not require an individual evaluation. If your recommendation is "modify" then please explain how.

COST Cooperation



SHORT-TERM SCIENTIFIC MISSIONS

APPLICATION FORM

For the attention of the chairperson of the Management Committee COST Action _____ :

Please complete using a typewriter or in BLOCK CAPITALS

FROM

Name : **Costanza**

First Names : **Enrico**

Organisation : **Media Lab Europe**

Street : **Sugar House Lane, Bellevue**

Town and Postcode : **Dublin 8**

Country : **Ireland**

Telephone: **+353 1 474 9677**

Telefax : **+353 1 474 2809**

E-mail Address : **enrico@medialabeurope.org**

1. Description of candidate

- 1.1. I apply for the period from 28th October 2004 to 5th November 2004
- 1.2. COST Action and title: Cost287-ConGAS, Gesture Controlled Audio Systems
Project Number or Working Group number and title (if any) : 2
- 1.3. Academic qualifications (Title, Degrees) : Master of Engineering (MEng)
- 1.4. Nationality : Italian
- 1.5. Date of birth : 08/05/1978
- 1.6. Present employer (if different from organisation above) :

2. Detailed Work Plan (to be attached)

(please see attachment)

3. Detailed estimation of the funding requested (to be attached)

Amounts in EUR and national currency

Amount requested from CEC : - travel costs, - subsistence allowance

Indication of contribution from other sources (national and/or private)

Indication of other previous CEC financial support or current requests to the CEC
(COST or other Commission activities)

Details of bank account :

Enrico Costanza
Account Number: 42980211
IBAN IE65 BOFI 90001742 9802 11
sort code 90-00-17
Bank of Ireland, College Green
Dublin 2, Ireland

5. I enclose the "Acceptance by the host institution" of the work plan duly signed.

I would be pleased to provide further information if requested to do so.

I, the undersigned, declare that the information provided above and enclosed is, to the best of my knowledge, accurate and complete.

Date :

Signature :

COST Cooperation



SHORT-TERM SCIENTIFIC MISSIONS

Acceptance by the Host Institution

This declaration is to be completed by the head of the host research group and returned to the grant applicant.

Please complete using a typewriter or in block capitals

Name :

First Names :

Organisation :

Street :

Town and Postcode :

Country :

Telephone :

Telefax :

E-mail Address :

- (i) I, the undersigned _____ am willing to receive _____, in my institution on a short-term scientific mission in the frame of the COST Action _____ to undertake the work described in the attached work plan.
- (ii) The duration of the request is from _____ to _____.

Date :

Signature :