



Section A: Information on the Applicant - Principal Investigator

A1. First Name:

A2. Last Name:

A3. Academic title/degree:

A4. University

Charles University, Prague, Czechia	<input type="checkbox"/>
Heidelberg University, Germany	<input type="checkbox"/>
Sorbonne University, Paris, France	<input type="checkbox"/>
University of Copenhagen, Denmark	<input type="checkbox"/>
University of Geneva, Switzerland	<input type="checkbox"/>
University of Milan, Italy	<input type="checkbox"/>
University of Warsaw, Poland	<input type="checkbox"/>

A5. Organisational unit (faculty, department):



A6. Position:

- full professor
- associate professor
- assistant professor
- senior assistant
- assistant
- Other

Other

A7. E-mail:

A8. Phone number (starting with the "+" sign and international country code):

A9. Approval of participation

I hereby confirm that my unit, faculty or department has been informed about and has approved of my participation in the project.

Section B: Information on the project team

Please list all members of your project team (apart from the Applicant - Principal Investigator), including, where applicable, students and doctoral candidates.

B1. Please select 4EU+ member universities involved in the project. Please note: Each project team must comprise representatives from at least three 4EU+ member universities. Projects involving team members from more than three universities are encouraged.

- Charles University, Prague, Czechia
- Heidelberg University, Germany
- Sorbonne University, Paris, France
- University of Copenhagen, Denmark
- University of Geneva, Switzerland



University of Milan, Italy

University of Warsaw, Poland

B2. Please indicate the number of members the core team comprises of non-including the Applicant - Principal Investigator.

B3. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise

B4. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise



B5. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise

B6. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise

B7. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise



B8. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise

B9. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise

B10. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise



B11. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise

B12. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise

B13. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise



B14. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise

B15. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise

B16. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise



B17. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise

B18. Please input relevant information for this team member.

First Name

Last Name

Affiliation

Position

Email address

Phone number (optional)

Expertise

B19. Approval of participation

I hereby confirm that the corresponding units, faculties or departments of the project team members listed above have been informed about and have approved their participation in the project.

Section C: Project proposal

C1. Category of proposed project activities

Education

Research

Innovation

Societal outreach

4EU+ community building



C2. You have selected more than one project categorizations. You may add some extra information on the nature of the project to help us understand how the selected projects categories mentioned above are connected (i.e. research based education).

C3. Project title:

C4. Project acronym: Please propose an easily pronounceable acronym for your project, which will be used in communications in case your proposal is selected for funding. Should you have difficulty in finding an appropriate acronym for your project, feel free to use free acronym project generators like Acronimify or Acronym maker

C5. 4EU+ Flagships: Your project possesses an educational aspect. You may also indicate the one 4EU+ Flagship that is most relevant for the proposed project:

Flagship 1: Urban health and demographic change

Flagship 2: Europeaness: multilingualism, pluralities, citizenship

Flagship 3: Data – Models –Tranformations

Flagship 4: Environmental transitions

C6. 4EU+ competencies portfolio:Your project possesses an educational aspect. You may select one or more key 4EU+ competencies that can be enhanced through the activities of your project:

Entrepreneurship

Critical thinking

Data literacy

Multilingualism

Societal engagement



C7. Synergies with previous 4EU+ initiatives: Has the project been already proposed as 4EU+ collaborative project? Has your team already cooperated on any joint initiatives? If this is the case, please provide a short description of activities that have already been carried out and, if applicable, information on the financial support received from 4EU+ member universities (max. 200 words)

C8. Project objectives (max. 200 words)

C9. Relevance. Please demonstrate how your project is aligned with and relevant to the 4EU+ mission and vision (max. 300 words).

C10. Project structure, work plan and timeline. Please describe the activities that will be implemented to meet the project objectives. (max. 500 words).



D2. Budget - Please use the provided template

D3. Budget supporting documents (e.g. cost estimates, quotes). Please upload them using a single .zip file.

Thank you! Your application form has been submitted successfully. Please note that the applications will not be reviewed before the end of June 2023.

A notification of submission has been sent to {G01Q07}.