Proposal Submission Form



Integrating Activities/ E-Infrastructures/ Preparatory Phase A2.1: Participants

Proposal Number 000000		000000		Proposal Acronym		DevDet		Participant N	umber	2		
If your organis enter your Pa		-	•	or FP7,	No	in use						
Organisation Legal name			Brunel University									
Organisation short name			UBRUN									
				Administrativ	ve D	ata						
Legal address	i											
							_					
Street name	Kingston Lane						Number	-				
Town	Uxbrid	Uxbridge					 Code/Cedex UB8 3PH					
Country	United Kingdom											
Internet homepa	age	http://w	/ww.brunel.ac	c.uk/								
			Statı	us of your Orga	anis	ation						
Certain types of	f organis	sations ber	nefit from sp	pecial conditions under	the FF	7 participa	ition rules.					
The Commissio	on also c	ollects dat	ta for statisti	ical purposes.								
The guidance n	otes will	help you	complete th	is section.								
	_		-	oposal coordinator. If y ast modify it in the propo								
Non-profit organisation							yes					
Public body						no						
Research organisation						yes						
Higher or secondary education establishment						yes						
			M	Main area of activity (NA	ACE co	ode)						
Higher education	ı											

Proposal Submission Form



Integrating Activities/ E-Infrastructures/ Preparatory Phase A2.2: Participants

						Page 2 out of 2				
1. Is your number of employees smaller than 250? (full time equivalent)					no					
2. Is your annual tu	urnover smaller th	nan € 50 million?			no					
3. Is your annual b	alance sheet tota	ıl smaller than € 43 ı	million?		no					
4. Are you an auto	1. Are you an autonomous legal entity?				yes					
and/or your answe In all other cases, y	r to both question	er to question 1 is "N ns 2 and 3 is "NO". m to the Commission ons given in the guid	n's definition o							
Following this chec	ck, do you confor	m to the Commission	n's definition o	f an SME	no					
Are there depende	·	dencies wit	` '		. , ,					
if Yes:										
Participant Numbe	r O	rganisation Short Na	ame	Character o	f dependence					
0	-			None]				
0	-			None		1				
0	-			None]				
		Co	ntact Poi	nt						
Person in charge (lis the one who the	For the co-ordina Commission will	tor (participant numl contact in the first ir	ber 1) this per nstance)	son						
Family name	Hobson			First name(s)	Peter Robert					
Title	Prof.				Sex	Male				
Position in the orga	anisation	Group leader	•			•				
Department/Faculty/Institute/Lahoratory name/			Is	School of Engineering & Design						

is the one who th	e Commission wil	I contact in the first	instance)							
Family name	Hobson						Peter Robert			
Title	Prof.			_		,		Sex	Male	
Position in the or	ganisation	Group leader	Group leader						•	
Department/Facu	ılty/Institute/Labor	atory name/	ry name/			School of Engineering & Design				
Address (if differe	ent from the legal	address)				_				
Street name	-					Nu	mber	-		
Town	-				Postal	 Code/Ce	edex	-		
Country	-				Phon	e 1	+44(0)18	395 26679	99	
Phone 2	+44(0)1895 274000	Fax	+44(0)1895 2	272391		E-mai	Peter.	Hobson@	Dbrunel.ac.uk	