Bylgja Valtýsdóttir Reykjavík xxxxx.

Rannís – Rannsóknamiðstöð Íslands

Borgartúni 30

105 Reykjavík

Regarding: Application for participatio in COST Action xxxx

Hereby, a request is made for Iceland to become a participant in the COST project:  
[Project title and number]

The undersigned, Jón Jónsson, also requests to be nominated as the representative of Iceland in this action.  
  
**Please send a brief description of your research in the relevant field and briefly explain the importance of having a representative participate on behalf of Iceland in the project:**

**Declarations from applicants**

* I will be the representative of Iceland on the management committee of the respective COST action
* I will partake actively in MC meetings and other Action-related activities
* My appointment as Icelandic MC representative can be reevaluated by the Icelandic CNC

**MC members are representing their country and national research community in the Action.  
To this end, they are expected to:**

* Attend the MC meetings and fulfill their duties regarding the management and implementation of the Action.
* Liaise with the other national representatives, to ensure a participation at MC meetings and an equal information on the Action progress.
* Encourage national participation in the Action with a focus on young researchers, and help to fill in missing positions (in working groups, etc.).
* Inform their research community and CNC on activities taking place in the country and disseminate Action results/success stories.
* Inform the CNC as soon as possible if the person in question is not affiliated with Icelandic institutions.
* Respect fundamental ethical principles as described in *Rules for COST Actions*, which can be found at COST’s website [Documents and Guidelines.](https://www.cost.eu/funding/documents-guidelines/)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's Signature  
[Dr. / Prof. / Mr / Ms / Mrs]  
[Name]  
[ID number / KENNITALA]  
[Institution / Company]  
[Email address]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the head of institution/company/department