form 1（Research Project）

**Application Form**

**Joint Research, Institute of Nature and Environmental Technology, Kanazawa University, 2025**

To: Director of the Institute of Nature and Environmental Technology, Kanazawa University

Apply as follows

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | Date | | MM/DD/YYYY | | |
| Affiliation |  | | | | | | |
| Position |  | | | | | | |
| Supervisor  Affiliation・Position | (For PhD student Support Program and graduate students applying for Joint research within Kanazawa University） | | | | | Supervisor accepted | |
| □ | |
| Postal Address |  | | | | | | |
| Phone Number |  | | E-mail Address |  | | | |
| Funding Category | Key Joint Research Program  Joint Research Program  PhD Student Support Program  □Joint research within Kanazawa University | domestic  international | | Research period  one year (new)  two years (continue) | | | new  continue |
| Research Field | ☐ Understanding environmental pollution, environmental fluctuations, and the mechanisms behind these factors  ☐ Investigating the effects of environmental change on human health  ☐ Researching the effects of human societies on ecosystems  ☐ Developing methods for the prediction of changes to local environments  ☐ Researching topics related to sustainable development ☐ Interdisciplinary studies related to the Sea of Japan region  \*Applicant applying for Key Joint Research Program chooses all applicable.  \*Applicant applying for Joint Research Program, PhD student Support Program or Joint research within Kanazawa University chooses one. | | | | | | |
| Research Theme |  | | | | | | |

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| Assay sample(s) | | Name of sample | | | Form  (Shape) | | | | The number of sample | | Owner | | Owner’s license | | Obligation to comply with laws and regulations | |
|  | | |  | | | |  | |  | | Applicable  Not applicable  other  （　　　　） | | Applicable  Not Applicable  \* Please select one to confirm your compliance with laws and regulations. | |
| Significance, purpose, features and expected results of the research  (In case of the second year, refer to the past achievements and progress.) | | | | (Please describe the relationship with the institute.） | | | | | | | | | | | | |
| Required expenses  (Please describe details of expenses. Those who have a two-year Key Joint Research Program describe details each year.）  Maximum amount  Key Joint Research Program: Up to 1,000,000 JPY/year  Joint Research Program/PhD student Support Program: Up to 300,000 JPY | | | | Travel Expenses | | | April 2025 to March 2026  April 2026 to March 2027 (For Key Joint Research Program)  ※As a general regulation, you can apply for travel expenses only trips to and from this institute and related facilities of this institute. In the “international” research program, travel expenses can be used for the university's research co-members to conduct joint research at the representative's affiliated institution. | | | | | | | | | |
| Consumables | | | April 2025 to March 2026  April 2026 to March 2027(For Key Joint Research Program) | | | | | | | | | |
| Others | | | April 2025 to March 2026  April 2026 to March 2027(For Key Joint Research Program) | | | | | | | | | |
| Total | | | April 2025 to March 2026: April 2026 to March 2027: (For Key Joint Research Program) | | | | | | | | | |
| Significance of this application to achieve the above purpose | | | |  | | | | | | | | | | | | |
| Research Team |  | | | Name | | Affiliation | | | | Position | | Phone number | | Role/Research Task | | E-mail  address |
| Applicant | | |  | |  | | | |  | |  | |  | |  |
| Member(s) | | |  | |  | | | |  | |  | |  | |  |
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| Note1) Describe the name(s) of a K-INET research staff and other researchers.  Note2) List all the members who will use the institute. If there are any changes, please submit a newly revised application form to the K-INET office in consultation with K-INET staff.  Note3) Please report promptly if any changes occur. | | | | | | | | | | | | | | | |
| The adoption status in other open calls for participants | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Program  Term | | | MM/DD/YYYY ~ MM/DD/YYYY | | | | | | | | | | | | | |
| Laboratory(ies) at the institute | | |  | | | | | | | | | | | | | |
| Equipment  of K-INET | | | The name(s) of the equipment | | | | | Ability operating the equipment  \*able / unable | | | | | Your request to the K-INET staffs when you cannot operate it yourself. | | | |
|  | | | | |  | | | | |  | | | |
| Carry-in Equipment | | | Name(s) of the equipment | | | | | Specifications | | | | | Safety measures | | | |
| If you will have any carry-in equipment, describe below. | | | | |  | | | | |  | | | |
| Measures to carry-in internationally regulated substances, sealed radioactive materials, and poisonous and deleterious substance | | | Those requiring safety procedures  　not available  　International regulated goods  　Sealed radioactive material  　Poisons, playable, etc.  \* When you carry-in in the above substances, please describe the details in the following columns.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Name(s) of  substance | Shape  (form) | Amount | Nature | Purpose of use | Storage method and  Processing method | Safety measure | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | | | | | | | | | | | | |
| * Usage research related with the Joint Research and meeting of the K-INET   usage  　Adoption number / Research theme  　　1.　　　　／  　　2.　　　　／  3.　　　　／  4.　　　　／  no-usage | | | | | | | | | | | | | | | | |
| * Publication list (Articles, Review papers, Oral presentations, Graduation thesis, Master thesis, Doctor thesis, etc.) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| K-INET staff | | | Name  E-mail | | | | | | | | | | | | | |
| ※Please discuss with the K-INET research staff before applying. | | | | | | | | | | | | | | | | |