**Research Organisation** – **Expression of Interest**

Use this form when applying to be considered as an official Research Organisation operating in Malta by the Malta Council for Science & Technology as per [LN 212 of 2018](http://justiceservices.gov.mt/DownloadDocument.aspx?app=lp&itemid=29157&l=1)

*Only Expression of Interests which are complete and electronically filled in will be considered.*

*The Expression of Interest must be submitted via email on* [*tcr.mcst@gov.mt*](mailto:tcr.mcst@gov.mt)

*Should the application be hand-written or should the format of the application form be altered, the application form will be considered as invalid and not be evaluated.*

*An applicant may only submit one (1) Expression of Interest in a period of two (2) years.*

**Name of Research Organisation:**

**Head of Institution:**

**Form of incorporation:**

**Registered Address of Institution:**

**Date of Establishment:**

**Telephone Number:**

**e-mail Address:**

**Website:**

**Nature of Research** *(Kindly provide evidence that the Research Institution is carrying out research. Details may include, among others, field of research undertaken, number of researchers, publications, experience of the Research Institution in carrying out research, projects undertaken, information and research funding and grants received, information on international collaboration etc.)*

## Declaration

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| |  |  | | --- | --- | | A. | Contact email address of the Data Protection Officer: [doyle.abela@gov.mt](mailto:doyle.abela@gov.mt) | | B. | The legal basis and purpose of processing:  The personal data collected by the Malta Council for Science and Technology (hereinafter ‘the Council) via this written application for the aid and its subsequent processing by the Council to evaluate data subject’s request for aid under the Scheme is in line with:   1. L.N. 212 of 2018 Immigration Act (Cap 217) 2. Data Protection Act, Chapter 440 of the Laws of Malta and Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).   The legitimate basis to process personal data submitted by the data subject by virtue of his/her written application for aid is Regulation 6 (1)(b) of the General Data Protection Regulation (“GDPR”), as ‘*processing is necessary in order to take steps at the request of the data subject prior to entering into a contract*’. | | C. | Data retention period:  The data collected by the Council as submitted by the data subject via this written application for aid will be retained for a period of five (5) years. | | D. | Pursuant to the Regulation, you have the right to access the personal data, rectify inaccurate personal data, request to erase personal data and request the Council to restrict the processing of personal data.  To exercise such rights, you are to submit a written request to the Data Protection Officer via the contact e-mail address.  Any erasing and/or rectification of personal data and/or restriction of processing as referred to above may render the applicant as ineligible to be qualified as a research organisation. | | E. | Sharing of data where strictly necessary and required by law:  For the purpose of processing this written Expression of Interest in line with L.N. 212 of 2018, the Council may share the data provided via this Expression of Interest with other Government Entities, subject that such processing satisfies at least one of the grounds listed under Regulation of the GDPR. | | F. | If you feel that your data protection rights have been infringed, you have the right to lodge a complaint with the Information and Data Protection Commissioner. | | I. | Authorisation to engage with the Council on matters related to this application.  I the undersigned, as legal representative of the Applicant Undertaking, authorise the following Legal Bodies and/or Natural Persons to act on my behalf with the Council with respect to matters related to this written Expression of Interest and any subsequent documentation exchanged between the two parties in relation to the same written Expression of Interest.   |  |  |  | | --- | --- | --- | | **Name of Legal Entity** | **Name and Surname of Natural Person granted authorisation(1)** | **E-mail address of party granted authorisation(2)** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Note 1: Leave empty if authorisation is intended to any natural person engaged with the Legal Entity. Otherwise specify the name and surname of the person(s) working for the Legal Entity to whom the authorisation is intended. Note 2: Written communication with the Legal Entity and/or Natural Person granted authorisation via email will only be accepted via the email address specified in the table above. The Undersigned should be copied (via the email address specified in this application) in any communication between the Council and the Person granted authorisation as per above table. | |  |

J. By virtue of signature I confirm that the Institution submitting this application is not subject to any past or pending proceedings related to theft, fraud and misappropriation in any Court of Law.

K. I confirm that the Institution submitting this application is not subject to any past or pending litigation proceedings related to non compliance with fiscal legislation or with anti money laundering legislation.

L. I attest that the Institution will carry out its responsibilities as a Research Organisation, diligently, and in compliance with all regulations imposed by Law.

# Signatures

The undersigned hereby authorises the Council to process the data contained in this form for the purpose stated above and declare that the information on this form and any other information given in support of this application is complete, accurate and correct to the best of my knowledge and that any changes will be reported immediately to the Council.

I understand that the Council is authorised to verify the accuracy of the information submitted in this application form at any time and to provide the Council with any further information as may be required.

I accept the terms and conditions stipulated within this form. Furthermore, I commit myself to taking and maintaining all necessary measures in compliance with the above requirements.

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| **Name and Surname of signatory authorised to represent the Applicant** |  |

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| **Position in Establishment** |  |

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| **Signature** |  |

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| **Date** | Click here to enter a date. |