

The proposal for external users application to SOCIB Glider Facility will have to follow the enclosed template. SOCIB strongly encourages potential users to contact gliders facility ([glider.access@socib.es](mailto:glider.access@socib.es)) to discuss details of existing glider fleet, sensors, feasibility of the proposed mission, etc...

## **SOCIB Gliders**

### **Application Form for External Scientific Users**

Indicate if the proposing user group is best described as

- ☐ an individual user  
☐ a team of two or more users

**Information about the applicants (PI and project partners)**

**Principal Investigator (user group leader)**

Title \_\_\_\_ Name and Surname \_\_\_\_\_

Gender ☐ Male ☐ Female

Institution \_\_\_\_\_

Department / Research Group \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Country \_\_\_\_\_

email \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Website \_\_\_\_\_

**Project partners**

*(repeat for each partner of the group)*

Partner # 1

Title \_\_\_\_ Name and Surname \_\_\_\_\_

Gender ☐ Male ☐ Female

Institution \_\_\_\_\_

Department / Research Group \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Country \_\_\_\_\_

email \_\_\_\_\_

## **PART 2: Additional information about the applicant(s) expertise**

*Relevant expertise of the user group (max. 200 words)*

*Short CV of the PI (max. 200 words)*

*A list of 5 recent, relevant publications of the user group*

## **PART 3: Detailed scientific description of the project**

*List the main objectives of the proposed research*

*(max. 300 words)*

*Give a brief description of the scientific and/or technical background to, and rationale for, your project*

*(max. 300 words)*

*Present the proposed experimental method and working plan with detailed information on the number of gliders requested, the sensors needed, mission plan, maximum depth (200 or 1.000 m).*

*(max. 500 words)*

<p><b>Indicate the type of access applied for</b></p> <p> <input type="radio"/> remote (the measuring programme is implemented by SOCIB and the presence of the user group is not required)  <input type="radio"/> partially remote (the presence of the user group is required at some stage)  <input type="radio"/> 'in person/hands on' (the presence of the user group is required / recommended during the whole access period)         </p>
<p><b>Indicate the proposed time schedule including expected duration of access time</b> (max. 200 words)</p>
<p><b>Add a jpeg or pdf diagram of the idealised glider deployment track</b></p>
<p><b>Additional information</b></p>
<p><b>Is there another facility in your country similar to the one you wish to utilize?</b></p> <p style="text-align: center;"> <input type="radio"/> Yes      <input type="radio"/> No         </p>
<p><b>If yes, please indicate your reasons for requesting access to the SOCIB glider (max. 150 words)</b></p>
<p><b>Is this a resubmission of a previously rejected proposal ?</b></p> <p style="text-align: center;"> <input type="radio"/> Yes      <input type="radio"/> No         </p>
<p><b>If yes, please provide the reference number and submission date of the original proposal. Briefly describe the changes made in comparison to the rejected version (max. 200 words)</b></p>
<p><b>Is this a continuation of an earlier successful project ?</b></p> <p style="text-align: center;"> <input type="radio"/> Yes      <input type="radio"/> No         </p>

***If yes, please provide the reference number and submission date of the earlier proposal. Briefly describe the principle achievements of the earlier project and any objectives that were not fully met. (max. 200 words)***

#### **PART 4: Technical information**

***List of the glider instrumentation of most importance to your proposal***

***List of any additional instrumentation that you have discussed and agreed with the Glider Facility***

***Provide details of your preferred sampling intervals, glider excursion depths and surfacing/communication intervals***

***Details of your Data Management specific needs.***

***Risk Evaluation (marine traffic, fishing grounds, etc.) and Contingency Plan***

***Emergency Logistics for immediate recovery (time to action, radius of action planed, etc.)***

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Date of compilation

\_\_\_\_\_

Signature of the PI

\_\_\_\_\_

Signature of an appropriate authorised person  
(e.g. Head of Department, Research Office)

\_\_\_\_\_

***This section reserved for the SOCIB Glider Facility***

Date of proposal receipt by email

\_\_\_\_\_

Assigned reference number

\_\_\_\_\_

Signature of receiving officer

\_\_\_\_\_