



Kobbefjord Access Application Form

Any research project planning to implement a scientific activity at the Kobbefjord Site and or using the infrastructure Kobbefjord Research Station must submit a completed copy of this application form no later than 2 months before the beginning of fieldwork. The form should be e-mailed to Katrine Raundrup (kara@natur.gl and kobbefjord@natur.gl)

When signing this form as a principal investigator (PI) you acknowledge and accept the conditions and terms in the *Site Manual Kobbefjord Research Station* as well as the responsibility to inform all your co-workers of the content and terms of the manual.

We kindly inform you that staying at the field site in Kobbefjord is at your own risk. All project participants (including PI) must be properly insured during their stay in Kobbefjord/Nuuk (e.g., have relevant injury and medical insurance) either by insurances issued by a commercial insurance company or by self-insurance by their institution. Neither the Greenland Institute of Natural Resources (GINR) nor Asiaq - Greenland Survey take any responsibility for the safety of external users of the field station in Kobbefjord.

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1. Project title

2. Affiliation with network if any

3. Principal investigator (PI)

4. Institution of PI

Institution:
Address:
Phone:
E-mail:
Institutional VAT/CVR-number:

5. Participants

Specify number of participants and information on all participants in the fieldwork in Kobbefjord (including the PI, if participating)

Appendix B applicable for visitor information related to short visit i.e. daytrips.

Number of participants

Participant no. 1

Name: _____ Date of birth: _____
E-mail: _____ Phone: _____
Nationality: _____
Proposed field work period (start and end dates): _____
Previous experience with working in Greenland/Arctic areas: YES NO
Institution name: _____
Contact person (in case of emergency), name: _____
Phone: _____ E-mail: _____



Participant no. 2

Name: _____ Date of birth: _____
E-mail: _____ Phone: _____
Nationality: _____
Proposed field work period (start and end dates): -
Previous experience with working in Greenland/Arctic areas: YES NO
Institution name: _____
Contact person (in case of emergency), name: _____
Phone: _____ E-mail: _____

Participant no. 3

Name: _____ Date of birth: _____
E-mail: _____ Phone: _____
Nationality: _____
Proposed field work period (start and end dates): -
Previous experience with working in Greenland/Arctic areas: YES NO
Institution name: _____
Contact person (in case of emergency), name: _____
Phone: _____ E-mail: _____

Participant no. 4

Name: _____ Date of birth: _____
E-mail: _____ Phone: _____
Nationality: _____
Proposed field work period (start and end dates): -
Previous experience with working in Greenland/Arctic areas: YES NO
Institution name: _____
Contact person (in case of emergency), name: _____
Phone: _____ E-mail: _____

Participant no. 5

Name: _____ Date of birth: _____
E-mail: _____ Phone: _____
Nationality: _____
Proposed field work period (start and end dates): -
Previous experience with working in Greenland/Arctic areas: YES NO
Institution name: _____
Contact person (in case of emergency), name: _____
Phone: _____ E-mail: _____



Participant no. 6

Name: _____ Date of birth: _____
E-mail: _____ Phone: _____
Nationality: _____
Proposed field work period (start and end dates): -
Previous experience with working in Greenland/Arctic areas: YES NO
Institution name: _____
Contact person (in case of emergency), name: _____
Phone: _____ E-mail: _____

Participant no. 7

Name: _____ Date of birth: _____
E-mail: _____ Phone: _____
Nationality: _____
Proposed field work period (start and end dates): -
Previous experience with working in Greenland/Arctic areas: YES NO
Institution name: _____
Contact person (in case of emergency), name: _____
Phone: _____ E-mail: _____

Participant no. 8

Name: _____ Date of birth: _____
E-mail: _____ Phone: _____
Nationality: _____
Proposed field work period (start and end dates): -
Previous experience with working in Greenland/Arctic areas: YES NO
Institution name: _____
Contact person (in case of emergency), name: _____
Phone: _____ E-mail: _____



6. Health risk

All fieldwork at the Kobbefjord Site and Research Station is at your own risk. GINR or Asiaq do not take any responsibility for problems caused by any health conditions you may have. We encourage you to share relevant medical information among fellow fieldworkers (e.g. diabetes, heart problems, known allergies).

- As PI I understand that field work is at individual personal risk and have informed all participants of this

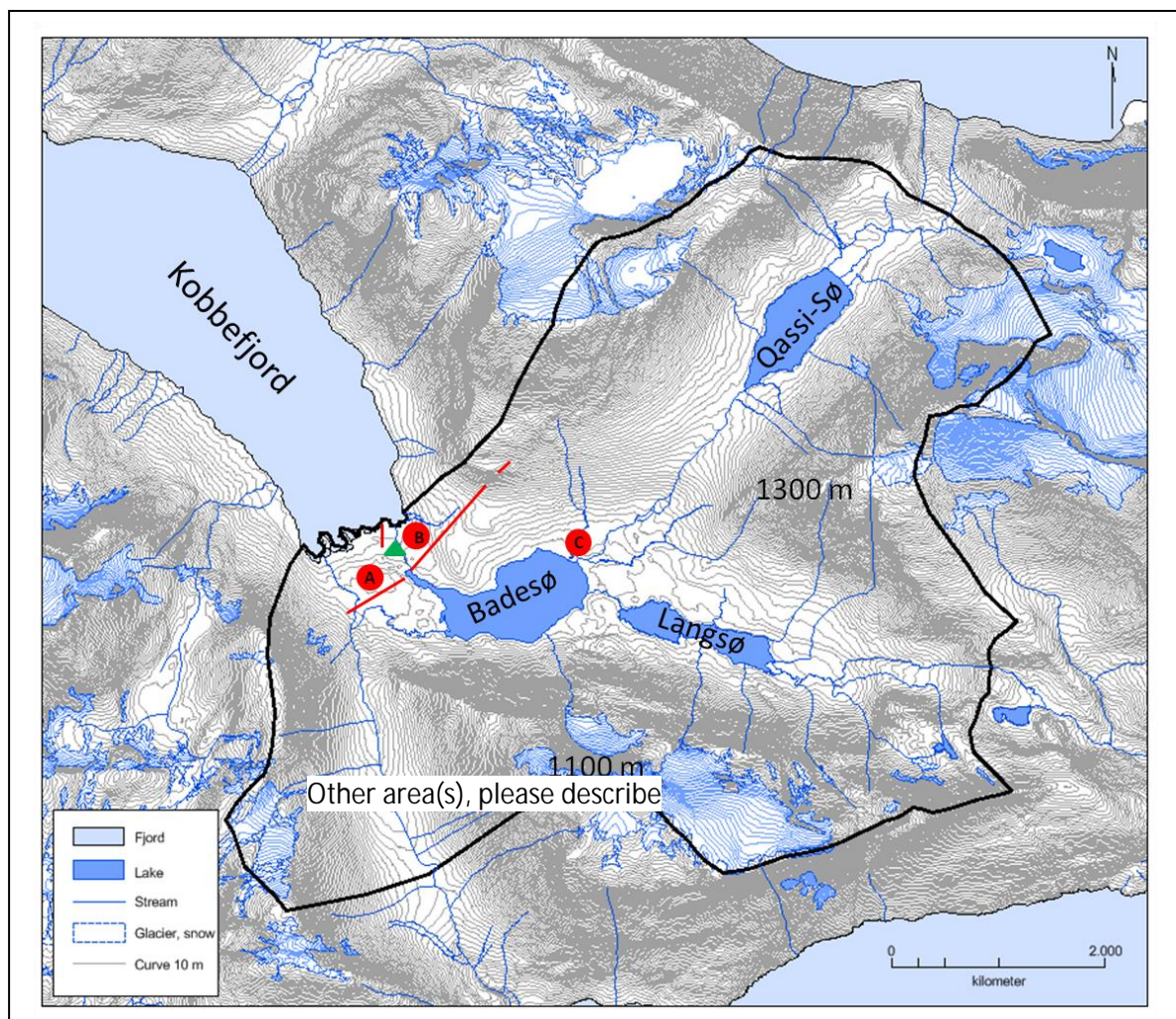
7. Project objectives and abstract of activities for the field work

(max. 1500 characters)



8. Area of activity

- No specific area is known before inspection of the site
- Specific areas for field work (indicate on map)



Please indicate on map roughly where your field work will take place.

The red dots and lines mark areas where access is limited and regulated due to ongoing monitoring:
A. The fen site, B. The C-flux site, C. The heath site.

See the *Site Manual Kobbefjord Research Station* regarding restrictions. The red lines mark the NERO line (vegetation transect). The green triangle marks the location of Kobbefjord Research Station.

Please note that placement of permanent equipment and location of your plots etc. must be approved by GINR and Asiaq.



9. Manipulations or destructive sampling

Describe requests for habitat or species "manipulations" or "destructions" including the degree of invasiveness (will you be sampling or removing anything?). Please note that any manipulations or destructions must be approved by GINR.

Field work includes removal of:	SOIL	FLORA/FAUNA	WATER
Description of the amount, size of affected area, GPS-position(s) etc.:			

10. Additions to the system in Kobbefjord

Describe requests for additions to the system in Kobbefjord. Please note that any additions must be approved by GINR.

Field work includes adding of:	SOIL	FLORA/FAUNA	WATER
	NUTRIENTS	INFRASTRUCTURES/EQUIPEMENT	
Description of the amount, size of affected area, GPS-position(s) etc.:			
Duration of additions:			
SHORT TERM (within one season)		Date of removal:	
LONG TERM (more than one season)		Date of removal:	
PERMANENT			

11. Additional information on manipulated areas

Additional information including information on how the manipulated areas are to be restored again. This must include information on when and how the restoration will take place and who is responsible for the restoration.

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11. List of attachments and permits (if relevant)

It is your responsibility as PI to ensure that all relevant permits have been applied for and issued before commencing field work. Permits are issued by Government of Greenland and GINR has no responsibilities in these matters.

- Permit regarding mineral resources. [Application form here.](#)
- Permit to sample genetic resources. [Application form here.](#)
- Research permits for studies on wildlife and fish. Contact APNN@nanoq.gl.
- Any other

12. Post field work information

1. A report on the field work must be submitted to Katrine Raundrup, kara@natur.gl and kobbefjord@natur.gl. The report must include a description of what was done, and any relevant information (including GPS-positions, Appendix A + B) relating to the project.
2. A copy of any publications (reports, peer-reviewed papers etc.) following the field work must be sent to kara@natur.gl and kobbefjord@natur.gl.



Appendix A – Sampling information

Project name	
Name of PI	
PI e-mail	

Type	<input type="checkbox"/> Permanent non-invasive plot <input type="checkbox"/> Permanent infrastructure/equipment <input type="checkbox"/> Harvest (collection of whole or parts of organisms, soil samples etc.) <input type="checkbox"/> Manipulation (specify) <input type="checkbox"/> Other (specify):
What is sampled	<input type="checkbox"/> Soil <input type="checkbox"/> Vegetation <input type="checkbox"/> Arthropods <input type="checkbox"/> Other (specify):
Sampling method	Please specify exactly what is sampled and how
Start date	
End date	
Total number of plots	



Appendix B – Registration of plots

Supply plot information in form below or digitally (leave form empty)

Plot information is provided digitally (csv, shp or txt)

Plot ID (name of plot)	Size of plot (m x m)	Lat (decimal degrees)	Lon (decimal degrees)	Total number of samples in plot	Remarks



Appendix C – Information for group visits

Information needed on visitors on short term/day trips.

	Name	Nationality	Affiliated institution
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