**APPLICATION FORM FOR OPEN ACCESS**

**Research infrastructure ENREGAT**

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| **APPLICANT**  *Family name:*  *Date of birth:*  *Nationality:*  *Place of Birth:*       *Current address:*   |  | | --- | |  |   *Tel. (mobile):*  *E-mail:* | *First name(s):*  *Permanent address (if different):*   |  | | --- | |  | | |
| *Date* | *...........................................*  *Signature of applicant* |

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| **SENDING INSTITUTION**  ***Name and full address of institution:***  ***Supervisor*** *(in case of student or junior scientist)*  ***Name:***  ***Telephone /Fax numbers:***  ***E-mail address:*** |

**Project proposal**

Add the name of the project

Registration No. ENREGAT:

***Brief explanation (one page maximum) giving the reasons why you wish to use the infrastructure ENREGAT:***

- scope of research

- subject of experiment

- experimental plan (methods/technical requirements)

- quantification of the project (e.g. number of samples, hours of equipment time needed).

***ENREGAT equipment***:

***Proposed topic is part of a research project that has already undergone evaluation (does not apply to a student grant competition)***

*Yes*

*If yes, please specify.*

*No*

***Service required:***

*Full service (remote access)*

*Partial service – user works with operator assistance (physical access)*

*No assistance – user works without assistance after introductory training (physical access)*

***Expected outputs:***

*Article (WoS, Scopus)*

*Conference contribution*

*Final thesis*

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| **Specification of possible risks and possibilities of their elimination** |
| ***Risk: Prevention / Elimination***  *Indicate the possible risk: Please indicate how to eliminate the risk* |

**I declare that the obtained results are not the subject or part of the economic activity of the user.**

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| **RECEIVING INSTITUTION**  *(to be completed by the host institution)*   1. Technical feasibility of the proposed research project at facility YES  NO   Date: Signature of core facility head:   1. Scientific excellence of the proposed research project YES  NO   Decision made by Scientific Board | | |
| *We hereby confirmed that the above mentioned applicant is*  *accepted at our institution from (month) (year) till (month) (year)*  *not accepted at our institution* | | |
| *Supervisor responsible*  *Name:*  *Telephone:*  *E-mail address:* | | |
| *Date* | *.................................................................*  *Signature of Centre director* | *................................*  *Stamp of institution* |