**APPLICATION FORM FOR OPEN ACCESS**

**Research infrastructure ENREGAT**

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| **APPLICANT***Family name:*      *Date of birth:*      *Nationality:*      *Place of Birth:*      *Current address:*

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|       |

*Tel. (mobile):*      *E-mail:*       | *First name(s):*      *Permanent address (if different):*

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|      *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* |