

## **Proposal for Trans-National Access (TNA)**

The completed form below should be returned by email to eurochamp2020@lisa.u-pec.fr

|  | Principal Investiga | tor (PI)  |  |
|--|---------------------|-----------|--|
| First name                                   |                     | Last name |  |
| Email address                                |                     | Phone     |  |
| Country                                      |                     | Status    |  |
| Affiliation                                  |                     |           |  |
| Professional address                         |                     |           |  |
|  |                     |           |  |
| Personal website (if any)                    |                     |           |  |
|  |                     |           |  |
|  |                     |           |  |
|  |                     |           |  |
|  |                     |           |  |
|  |                     |           |  |
|  |                     |           |  |
|  |                     |           |  |
| Describe your career                         |                     |           |  |
| path, your research interests and mention up |                     |           |  |
| to 5 relevant recent                         |                     |           |  |
| publications<br>(optional - max 500          |                     |           |  |
| words)                                       |                     |           |  |
|  |                     |           |  |
|  |                     |           |  |
|  |                     |           |  |
|  |                     |           |  |
|  |                     |           |  |
|  |                     |           |  |

|  |             |                         | Access info    | ormation  |     |                |  |
|--|-------------|-------------------------|----------------|-----------|-----|----------------|--|
| Chamber name                                 |             | Calibration centre name |                |           |     |                |  |
|  |             |                         |                |           |     |                |  |
| Name of the acce                             | ss provider |                         |                |           |     |                |  |
| Email add                                    | ress        |                         |                |           |     |                |  |
| Proposal discussed with the access provider? |             |                         | Yes □          | No □      |     |                |  |
|  |             |                         |                |           |     |                |  |
|  |             | (                       | Organisational | informati | ion |                |  |
| Project title                                |             |                         |                |           |     |                |  |
| First day of                                 |             |                         | Last day of    |           |     | Access days to |  |

physical access\*

Calibration workshop

**TNA type** 

the chamber

Mobility of experts  $\square$ 

| List of participants (including PI) |        |             |                     |                    |                |             |
|-------------------------------------|--------|-------------|---------------------|--------------------|----------------|-------------|
| First name and last name            | Gender | Institution | Institution country | Institution status | User<br>status | New user?** |
|                                     |        |             |                     |                    |                |             |
|                                     |        |             |                     |                    |                |             |
|                                     |        |             |                     |                    |                |             |
|                                     |        |             |                     |                    |                |             |
|                                     |        |             |                     |                    |                |             |
|                                     |        |             |                     |                    |                |             |
|                                     |        |             |                     |                    |                |             |
|                                     |        |             |                     |                    |                |             |
|                                     |        |             |                     |                    |                |             |
|                                     |        |             |                     |                    |                |             |
|                                     |        |             |                     |                    |                |             |
|                                     |        |             |                     |                    |                |             |
|                                     |        |             |                     |                    |                |             |

<sup>\*</sup> Please write <u>ONLY</u> the days when the team (or part of it) will be physically present and using the chamber. Days when the chamber is running without the team being physically present do not have to be counted.

physical access\*

Training  $\square$ 

<sup>\*\*</sup>New users are those who do not have previously used the installation.

| Description of the activity  |  |  |  |  |
|--|--|--|--|--|
| Describe the scientific objectives, the innovative aspects, the implication with the industrial world (if applicable), the protocols used, the dissemination plan and the potential impact of the project. (max 500 words) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Note: All the information provided will be treated with confidentiality, privacy and security. It will not be disclosed to any third parties aside the reviewers of the TNA user selection panel (list available on <a href="https://www.eurochamp.org">www.eurochamp.org</a>) who are linked through a non-disclosure agreement.

| Describe the technical work plan of the project, underlining the type of instrument and its characteristics. Explain why the selected calibration centre is relevant for the instrument.  |
|---|
| Indicate the type of support that your project will need in terms of staff, training, additional data, logistics, etc.  |
| Indicate the type of support that your project will need in terms of staff, training, additional data, logistics, etc. (max 500 words)  |
|   |
| All research funded by the European Commission has to be publicly available (except for the users from the private sectors), therefore I commit to:  Publish the outcomes of this TNA project Report such outcomes in a public conference Accept to have them published on the Eurochamp-2020 website |
| NB: if none of these cells are ticked please justify why below  |
|   |

## **Estimated costs of the project**

Direct support of users through the TNA activities of EUROCHAMP-2020 is limited to travel and subsistence (T&S) costs and does not include shipment of instruments, materials or samples.

Refund of T&S expenses will be performed only after the provision of a scientific report. It will be managed by each host institute (following its own agenda) upon provision of the related proofs.

| Number of participants         |  |
|--------------------------------|--|
| Total travel costs             |  |
| Total subsistence costs        |  |
| Total T&S costs of the project |  |

## **Requested budget**

**Note:** Travel and subsistence support for EUROCHAMP-2020 TNA projects has a maximum limit, calculated using the parameters indicated below, for the facility .

Maximum travel cost granted per person: Maximum daily allowance per person:

## Maximum T&S amount granted for the selected c. centre and duration:

| (in particular, if your requested budget exceeds the maximum allowance) |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Details on the budget and specific justification