**ECCSELLENT Transnational Access Call 2024**

**Application Form**

All applications must be submitted exclusively through the following link:

<https://ec.europa.eu/eusurvey/runner/ECCSELLENT_TA_CALL_2024>

The planned access and extent to stay must be agreed between the visiting researcher/s and the host facility before the application is submitted. Details on contacts for each facility are available on **Table 1** of the Call.

**APPLICANT (User Group Leader)**

| **DATE OF APPLICATION** |  | | |
| --- | --- | --- | --- |
| **TITLE OF THE PROJECT** |  | | |
| **FIRST NAME and LAST NAME** |  | | |
| **GENDER** |  | | |
| **SCIENTIFIC DEGREE** |  | | |
| **NATIONALITY** |  | | |
| **DATE OF BIRTH** |  | | |
| **INSTITUTION AFFILIATION** |  | | |
| **INSTITUTION FULL ADDRESS**  **(Street City, PO Code, Country)** |  | | |
| **PHONE CONTACT** |  | **MOBILE** |  |
| **EMAIL ADDRESS** |  | | |
| **EMERGENCY CONTACT** |  | | |
| **APPROVAL BY MANAGER (Supervisor contacts)** |  | | |

**OTHER GROUP MEMBERS**

| **1** | **FIRST NAME and LAST NAME** |  | | |
| --- | --- | --- | --- | --- |
| **NATIONALITY** |  | | |
| **DATE OF BIRTH** |  | | |
| **INSTITUTION** |  | | |
| **INSTITUTION FULL ADDRESS**  **(Street City, PO Code, Country)** |  | | |
| **PHONE** |  | **MOBILE** |  |
| **EMAIL** |  | | |
| **EMERGENCY CONTACT** |  | | |
| **2** | **FIRST NAME and LAST NAME** |  | | |
| **NATIONALITY** |  | | |
| **DATE OF BIRTH** |  | | |
| **INSTITUTION** |  | | |
| **INSTITUTION FULL ADDRESS**  **(Street City, PO Code, Country)** |  | | |
| **PHONE** |  | **MOBILE** |  |
| **EMAIL** |  | | |
| **EMERGENCY CONTACT** |  | | |

**KEEP ADDING IF MORE (Please note that expenses may be claimed only by the User Group Leader and one team member)**

**SELECTED FACILITY**

| **HOST INSTITUTION**  **(Enter the name of the organization provident access to the facility of interest)** | |  | |
| --- | --- | --- | --- |
| **REQUESTED FACILITY**  **(Indicate the name and ECCSEL ERIC ID of the facility of interest)** | |  | |
| **FACILITY CONTACT**  **(Indicate the name and email address to the Facility contact)** | |  | |
| **PLANNED DATES FOR VISIT** | | | |
| **FROM (DD/MM/YYYY)** |  | **TO (DD/MM/YYYY)** |  |
| **TOTAL DAYS OF ACCESS REQUESTED TO THE FACILITY** | |  | |
| **TOTAL DAYS APPLIED FOR (INCLUDE TRAVEL)** | |  | |

**ESTIMATED COSTS**

Applicants are requested to **estimate** their traveling costs from their location to the host institution.

| **CATEGORY** | **COST (€)** | **COMMENTS** |
| --- | --- | --- |
| **Air Fares** |  |  |
| **Train Fares** |  |  |
| **Public transports** |  |  |
| **Other** |  |  |

**PROJECT DESCRIPTION**

| 1. **OBJECTIVES OF THE WORK THAT WILL BE UNDERTAKEN DURING THE ACCESS**   **(Max 100 words)** | |
| --- | --- |
|  | |
| 1. **PROJECT ABSTRACT AND PLANNED ACTIVITIES**   **(max 2000 characters)** | |
|  | |
| 1. **EXPECTED DELIVERABLES AND/OR OUTCOMES SUCH AS REPORT OR PAPER**   **(maximum 100 words)** | |
|  | |
| 1. **IMPACT AND USE OF RESULTS INCLUDING PLANNED PUBLICATION(S)**   **(maximum 100 words)** | |
|  | |
| 1. **PLANS FOR PUBLICATION** | |
|  | |
| 1. **PLANNED EQUIPMENT TO BE USED AT THE REQUESTED FACILITY** | |
|  | |
| 1. **TESTING WITH OWN CHEMICALS**   **(Are you planning to bring with you any of your own chemicals (Yes / No). If Yes, please describe any chemicals you are bringing with you)** | **Y/N** |
|  | |
| 1. **ETHICAL PERSPECTIVE** | |
|  | |
| 1. **ENVIRONMENTAL IMPACT** | |
|  | |
| 1. **APPROVAL OF HOSTING FACILITY**   **(Please confirm to have the hosting facility approval inserting name and email of the facility contact)** | |
|  | |

**In addition, a short CV including a list of relevant publications for each component of the research group must be enclosed to the application form and uploaded online at (**<https://ec.europa.eu/eusurvey/runner/ECCSELLENT_TA_CALL_2024>**) as a single pdf file.**

**PRIVACY STATEMENT**

I declare to have **read and understood the informative on the treatment of personal data** (Details are reported on the **INFORMATION ON DATA PROTECTION** section of the Call) that will comply with the EU regulation 2016/679 (GDPR) and to be aware of the scopes and modalities of treatment of my personal data.

* **I Accept personal data treatment terms**

**Place and Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**User Group Leader Signature**

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