**PROPOSAL AND BEAM TIME REQUEST FOR EXPERIMENTS AT ISA**

**January 2019 – December 2019**

**TITLE**

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**ABSTRACT** *(Max. 200 words)*

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**PROJECT LEADER** *(To whom correspondence will be addressed)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Address:** |  | | |
| **Tel:** |  | **Email:** |  |

**COLLABORATORS** *(Include name and affiliation)*

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Is this project a continuation of a previous project at ISA? **Yes No**

Does this proposal have any industrial involvement or sponsorship? **Yes No**

*This information is used only for statistical purposes. Your answer will not affect your proposal.*

**From the following options, which discipline best describes your proposal?** *Please indicate by number in the grey boxes. (1=best)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Physics |  | Energy |  | Engineering & Technology |  | Humanities |
|  | Chemistry |  | Material Sciences |  | Earth Sciences & Environment |  | Social Sciences |
|  | Mathematics |  | Life Sciences & Biotech |  | Information & Communication Technologies |  |  |

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| --- | --- | --- | --- | --- |
| **SHIFTS REQUESTED\*)** |  | days | **BEAM LINE REQUESTED\*\*)** |  |
| **PREFERRED BEAM TIME PERIOD** |  | | **EXCLUDED DATES** |  |

We apply for support within the access programme CALIPSOplus\*\*\*) **Yes No**

\*) Beam time will be given in a number of 24 hour days. Please note that for several installations the minimum beam time is 1 experiment week = 6½ days.

\*\*) Enter one of the following names: AU-CD, AU-rSRCD, AU-UV, AU-SGM3, AU-MatLine, AU-IR, AU-AMO

\*\*\*) Check the information on the ISA website to find out if you are eligible for support. If appropriate, please include a justification for a request for expenses for more than one visitor on the last page of this application.

**PROJECT DESCRIPTION**

*In this page you should address the points included below.*

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| --- |
| *Scientific background*  …  *Motivation for the present proposal*  …  *Project description and plan*  …  *Results expected and impact*  … |

**JUSTIFICATION OF THE BEAM LINE AND BEAM TIME REQUESTED**

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**REFERENCES RELATED TO THE PROPOSAL**

*Include publications and PhD theses resulting from previous work related to this project, indicate those including work carried out on ASTRID or ASTRID2 with \*. The DOI for the reference should also be included.*

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**Use this form ONLY if your project is to be considered for support from the “CALIPSOplus” transnational access programme.**

***Check the information on the website to find out if you are eligible for support.***

***Title of Project:***

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| ***Name of Participating Users*** | ***Nationality*** | ***Home Institution*** | ***Supported Days Requested*** |
| *Project leader:* |  |  |  |
| *Collaborators:* |  |  |  |
|  |  |  |  |
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***Justification for requesting support for more than one visitor:***

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**Please send the completed Proposal Form as an attachment to:   
e-mail: karin.vittrup@phys.au.dk**