MEET-CINCH

- A Modular European Education and Training Concept In Nuclear and Radio Chemistry -Consortium



Czech Technical University in Prague

Hands-on Training in Radioanalytical Methods

3 - 7 February 2020 Prague, Czech Republic

APPLICATION FORM*

Last Name:		First Name:
Institution:		
Address:		
Country		E-mail
Phone #1:		Phone #2:
Arrival:	DD.MM.YYYY HH:MM	Departure: DD.MM.YYYY HH:MM
Notes to organizers		

Please, return this form by 31 December 2019, electronically to

Štěpánka Maliňáková malinakova@fjfi.cvut.cz

It is possible to use either the "Submit by E-mail" or "Print Form" buttons and finally send PDF and/or XML file. The PDF file (print to PDF) is preferred.

If travel support is requested (see the Attachment below) **SCANNED COPY** of duly signed form is required.

*Kindly note the following guidelines

- 1. Only a limited number of participants can be accepted. Admission will be based on the evaluation of CVs and Motivation Letters.
- 2. A limited budget exists to support students and young researchers. If you like to apply for such support, mention it explicitly in the Motivation section of the Attachment and the respective check boxes. Documentation will be required with respect to financial support from home institution.
- 3. Our Commitment To Privacy: We use your personal information only for the course purpose. We do not share your personal details with outside third parties without your consent.

Attachment

Last Name:		First Name:		MALE FEMALE			
Our Commitment To Privacy: We use your personal information only for the course purpose. We do not share your personal details with outside third parties without your consent. Brief Curriculum							
brief Curriculum	I						
Motivation							
☐ Are you going to apply for assistance with travel from the CINCH mobility fund?							
If yes to the above, is your application to attend this course conditional of receipt of mobility grant funding?							
Detailed cost and Total amount requested (Ex-post reimbursement procedure will be applied.)							
Signature of the Pa	rticipant	Signatu	re of the Supervisor/Employer				
		Super	risor / Employer Name incl. Titles				