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CfP-TRED-AWP25-TRED-02

**2025 Annual Work Plan**

**EUROfusion Engineering Grant**

Application Form

|  |  |
| --- | --- |
| **Applicant Information** | |
| **First Name** |  |
| **Last Name** |  |
| **E-mail Address** |  |
| **Date of MSc Completion\***  (DD/MM/YYYY) |  |
| **Proposing Institute** | |
| **EUROfusion Beneficiary** |  |
| **Affiliation** |  |
| **Country** |  |
| **Proposed Project** | |
| **Title** |  |
| **Mentor(s)** |  |
| **Affiliation of the mentor(s)** |  |
| **Competency Area\*\*** |  |

*\* MSc defence date shall be less than 6 years from the submission date of the EEG proposals (between 21 June 2018 and 21 June 2024).*

\* Column B in Annex 5 listing the competency areas.

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# 1. Degree Information

|  |  |
| --- | --- |
| **MSc Thesis** | |
| **MSc Thesis Title** |  |
| If thesis is not written in English, please include title in English here |  |
| **MSc Degree Completion Date**  (DD/MM/YYYY) |  |
| **Awarding Institution** | |
| **Name (in English)** |  |
| **City** |  |
| **Country** |  |

|  |  |
| --- | --- |
| **PhD Thesis if applicable** | |
| **PhD Thesis Title** |  |
| If thesis is not written in English, please include title in English here |  |
| **Date of successful PhD Defence**  (DD/MM/YYYY) |  |
| **Awarding Institution** | |
| **Name (in English)** |  |
| **City** |  |
| **Country** |  |

# 2. References

Please include the name, affiliation and contact information for 2-5 references in your application. Reference letters are not necessary.

|  |  |
| --- | --- |
| **Reference 1** | |
| **Full Name** |  |
| **Affiliation** |  |
| **E-mail Address** |  |
| **Connection** |  |
| **Reference 2** | |
| **Full Name** |  |
| **Affiliation** |  |
| **E-mail Address** |  |
| **Connection** |  |
| **Reference 3 - optional** | |
| **Full Name** |  |
| **Affiliation** |  |
| **E-mail Address** |  |
| **Connection** |  |
| **Reference 4 - optional** | |
| **Full Name** |  |
| **Affiliation** |  |
| **E-mail Address** |  |
| **Connection** |  |
| **Reference 5 - optional** | |
| **Full Name** |  |
| **Affiliation** |  |
| **E-mail Address** |  |
| **Connection** |  |

# 3. EEG project proposal

## 3.1 Description of the research project and its objectives

This report shall explain the importance of the project for fusion research and for the candidate’s training/development. (Maximum length: 2 pages)

## 3.2. List of milestones and deliverables

(Length: 1 – max. 2 pages if GANTT chart is included)

## 3.3 Individual work plan including training activities

(Maximum length: 2 pages)

## 3.4 Actions involving specific expenditure

A description of actions involving specific expenditure, along with justification how these expenditures contribute to the achievement of the scientific goals of the work plan. For conferences (max. 2 during the grant period) and missions please use the table templates below. (Maximum length: max. 1 page text in addition to the tables)

|  |  |
| --- | --- |
| **Conference 1** | |
| **Conference title** |  |
| **Destination** |  |
| **Year** |  |
| **Mission length** |  |
| **Justification** |  |
| **Conference 2** | |
| **Conference title** |  |
| **Destination** |  |
| **Year** |  |
| **Mission length** |  |
| **Justification** |  |
| **Comment on the conferences** |  |

|  |  |
| --- | --- |
| **Create a separate table for each mission using this template.** | |
| **Type** | Training / mission / workshop |
| **Topic** |  |
| **Destination** |  |
| **Year** |  |
| **Mission length** | If mission length is > 2 weeks, supporting letter is available |
|  |  |
| **Justification** |  |

## 3.5 Mentoring

Plan of mentoring organised by the EUROfusion Consortium Member or its Affiliated Entity. (Maximum length: 1 page)

|  |  |
| --- | --- |
| **Mentor 1** | |
| **Full Name** |  |
| **Affiliation** |  |
| **E-mail Address** |  |
| **Mentor 2 - Optional** | |
| **Full Name** |  |
| **Affiliation** |  |
| **E-mail Address** |  |

## 3.6 Experience of the supporting institutions

Experience in the topic of the proposed research project of the EUROfusion Consortium Member or its Affiliated Entity and the organisation of the mentoring in this proposed grant. (Maximum length: 1 page)

# 4. Data Protection

## 4.1 Candidate’s consent

With reference to all the personal data provided by me in this application, I declare that I have read and understood the personal data protection policy described (ex art. 13 GDPR) in the Guideline for Applicants to the Call CfP-TRED-AWP25-TRED-02 and that I consent to the processing of such data for the purposes and within the terms indicated therein.

Date:

Name of the candidate (in capital letters):

Signature

## 4.2 Mentor(s)’ consent

With reference to all the personal data provided by me in this application, I declare that I have read and understood the personal data protection policy described (ex art. 13 GDPR) in the Guideline for Applicants to the Call CfP-TRED-AWP25-TRED-02 and that I consent to the processing of such data for the purposes and within the terms indicated therein.

Date:

Name of Mentor 1 (in capital letters):

Signature

*In case of two mentors*

Date:

Name of Mentor 2 (in capital letters):

Signature