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| **LABORATOIRE LEON BRILLOUIN**  **CEA-SACLAY, 91191 Gif sur Yvette Cedex, France**  **&**  **CRG CEA et CNRS D1B, IN22, IN12, D23**  **RESEARCH PROPOSAL (Spring 2017)**  *(PROPOSITION D’EXPERIENCE)* | | | | | | | | | | | | | | | **N° :** | | | | | |
|  | | | | | | | | | | | | | | | Do not fill  *(Ne pas remplir)* | | | | | |
| CLASSIFICATION Theme :      Sub-theme :  To be filled by the applicant, see classification list  *(A remplir par le participant, voir liste des thèmes)* | | | | | | | | | | | |  | | | Project with an industrial partner:   : I authorized the use of the data collected on this sheet for the constitution of an European neutron user’s database. | | | | | |
| Type : | | | | | | | | | | | | | |  | | Previous exp. number  *(Ancien num. exp.)* | | |  | |
| **TITLE OF EXPERIMENT :**  *(TITRE DE L’EXPERIENCE)* | | | | | | | |  | | | | | | | | | | | | |
| FIRST APPLICANT *(PREMIER PROPOSANT)* | | | | | | | | | | | | | | | | | | | | |
| **NAME** *(Nom)* : | |  | | | | | | | | | **Nationality :** | | | | | |  | | | |
| **First name** *(Prénom)***:** | | Gender (M/F) : | | | | | | | | | **STATUT :** | | | | | |  | | | |
| **AFFILIATION** *(Institut)* : | | | | | | | | | | | | | | | | | | | | |
| LABORATORY :  *(Laboratoire)*  **Code Unité CNRS** : | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | Institute : | |  | | | | Address : |  | | | | | | | | Zip code (code postal) : |  | City :  (Ville) | |  | | Country :  (Pays) |  | | | | | | | | | | | | | | | | | | |
| **Tél. :** |  | | **Fax :** | | | |  | | | **e-mail :** | | |  | | | | | | | |
| **OTHER APPLICANTS (AUTRES PARTICIPANTS)** | | | | | | | | | | | | | | | | | | | | |
| Name, first name,nationality, email *(Nom, Prénom*  *Nationalité, Courriel)* | | | | Status *(statut)*  *Gender(M/F)* | | **Laboratory,**  **Institute :**  (Laboratoire, Institut) | | | | | | | **Address, zip code, city, country :**  (Adresse, Code postal,  Ville, Pays) | | | | | | | **Code Unité CNRS** |
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| Instrument requested :  *(\* limited support)*  *(\*\* limited days available)* | | | | |  | | | | Local Contact :  *(Correspondant local)* | | | | | | | |  | | | |
| Nb. days requested :  *(Nb. de jours demandés)* | | | | |  | | | | Linked to proposal on spectrometers:  *(proposition liée à d’autres propositions sur les appareils suivants)* | | | | | | | |  |  | | |

**ADDITIONNAL INFORMATION’S**

**(INFORMATIONS COMPLEMENTAIRES)**

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| CHEMICAL COMPOSITION OR FORMULA :  *(Composition ou formule chimique)* | | | | | | | | | | | | |  | | | | | | | | | | | |
| **One of the elements has a mass larger than 200\*** *(Un des éléments de l’échantillon a une masse > 200\*)* : | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF THE SAMPLE(S) :  *(Caractéristiques des échantillons)* | | | | | | | | | | | Powder  *(Poudre)*  Single crystal  *(Monocristal)* | | | | | |  | |  | | | Liquid *(Liquide)* Polycrystal *(Polycristal)* | | |
| **Size or volume :**  *(Dimension ou volume)* | | | | |  | | **Number of samples :**  *(Nombre d’échantillons)* | | | | |  | | | | **Date of availability :**  *(Date de disponibilité des échantillons)* | | | | | | |  | |
| **Space group :**  *(Groupe d’espace)* | | |  | | | | | | | **Unit cell parameter :**  *(Paramètre de maille)* | | | | | | | |  | | | | | | |
|  | | |  | | | | | | | | | | | | | | |  | | | | | | |
| **Sample environment (give details)**  *(Environnement échantillons, à préciser)* | | | | | | | | | | | | | | | | | | | | | | | | |
| **Polarised neutrons with analysis?**  *(Neutron polarisés et analyse)* | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Temperature and pressure :**  *(Température et pression)* | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Magnetic field range :**  *(Domaine de champ magnétique)* | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Other :**  *(Autre)* | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **SAFETY ASPECTS :**  *(Aspects sécurité)* | | | | | |  | | | | | | | | | **Sample contains P :**  *(L’échantillon contient du P )* | | | | | | | | | |
| **Is the sample ?**  *(L’échantillon est-il ? )* | | | | | |  | | | | | | | | |  | | | | |  | | | | |
| **Radioactive\* :**  *(Radioactif)* |  | | | **Explosive \*:**  *(Explosif)* | | | |  | **Toxic\* :**  *(Toxique)* | |  | | |  | | | | | | | | | |  |
| **Other riskes\* :**  *(Autres risques)* | |  | | | | | | | | | | | | | | | | | | | | | | |
| \* A safety analysis of your proposal will have to be done with the safety officer of the LLB before your experiment.  (Une analyse de sécurité avec l’ingénieur de sécurité du LLB sera faite avant la réalisation de l’expérience) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **NAME and DATE :** | | | | |  | | | | | | | | | |  | | | |
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**RECOMMANDATIONS**

1. The entire proposal should not exceed 2 pages including this page. The proposal should be send at the following address: proposals-llb@cea.fr

2. Deadline for submission is April 1st and October 1st.

3. Write here a short abstract, the detailed description, with previous results obtained and related publications.

*1. La totalité de la proposition ne doit pas dépasser 2 pages, cette page incluse. La proposition doit être envoyée à l’adresse : proposals-llb@cea.fr*

*2. La date limite de réception des propositions est le 1er Avril et le 1er Octobre.*

*3. Donnez un cours résumé, votre proposition détaillée et les résultats précédents, puis les publications afférentes.*

**DESCRIPTION OF THE PROPOSED EXPERIMENT**

***(DESCRIPTION DE L’EXPERIENCE PROPOSEE)***

**LIST OF PUBLICATIONS ARISING FROM PREVIOUS LLB EXPERIMENT OVER 3 YEARS** *PUBLICATIONS INCLUANT UNE EXPERIENCE REALISEE AU LLB (SUR 3 ANS)*