CONSORTIUM WORK PLAN 2021-2025

CALL RESPONSE FORM for the Work Package DES (DEMO DESIGN)  
CfP-FTD-AWP24-DES-02 WPDES Call for participation (area of interest Safety, Design, Modelling and Analysis)

# IDENTIFICATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BENEFICIARY** |  | | | |
| **Administrative Contact Person** | First name | Surname | E-mail | Phone |
| **Scientific Contact Person** | First name | Surname | E-mail | Phone |

# FORESEEN ROLES & COMPETENCIES BY WP AREA

*Note: only fill the sections below that are relevant for your Beneficiary!*

## Engineering

### Roles & Competencies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Role Title** | **Required Competencies / potential involvement of industry LTP** | **Indicative human resources [PM]** | **Brief description of relevant skills and experience. List and describe briefly relevant examples (max. 200 words)** | **Involvement of Linked Third Parties (including industrial LTPs)** |
| Senior Radiation Protection Engineer | Refer to the profile DES.SAE.AN | *2024: 10 PM*  *2025: 12 PM* | *For this role please propose a named individual from your Institute and provide, in addition to the requested information above, the CV for this candidate (to be uploaded to IMS)* | *Please name the LTP that might contribute to provide the competencies* |
| CAD Designer | Refer to the profile  DES.CAD | *2024: 10 PM*  *2025: 12 PM* | *For this role please propose a named individual from your Institute and provide, in addition to the requested information above, the CV for this candidate (to be uploaded to IMS)* | *Please name the LTP that might contribute to provide the competencies* |
| Monte Carlo modeler | Refer to the profile  DES.MOD.MC | *2024: 3 PM*  *2025: 3 PM* | *For this role please propose a named individual from your Institute and provide, in addition to the requested information above, the CV for this candidate (to be uploaded to IMS)* | *Please name the LTP that might contribute to provide the competencies* |
| ITERVAC modeler | Refer to the profile  DES.MOD.ITERVAC | *2024: 3 PM*  *2025: 3 PM* | *For this role please propose a named individual from your Institute and provide, in addition to the requested information above, the CV for this candidate (to be uploaded to IMS)* | *Please name the LTP that might contribute to provide the competencies* |

### Potential industrial subcontracting

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| **Indicative list of activities foreseen for industrial subcontracting** | **Indicative total budget for the period 2021 to 2025 [k€]** | **Experience of potential industrial subcontractors in the field of the activity (name, experience)** | **Experience of the Beneficiary in the field of the activity** |
| N/A | N/A |  |  |

### Equipment and other goods and services

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| **Indicative list of equipment and other goods and services procurement** | **Indicative total budget for the period 2021 to 2025 [k€]** | **Experience of the Beneficiary in the associated field** | **Proposed contribution of the Beneficiary to the associated field in terms of equipment (description, no cost)** |
| N/A | N/A |  |  |

### Use of facilities

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| **Indicative list of required facilities describing the topic to be investigated** | **Indicative total budget for the period 2021 to 2025 [k€]** | **Proposed facility name, description, capabilities** | **Proposed annual Eurofusion share in the facility (2021,2022, 2023, 2024, 2025)** |
| N/A | N/A |  |  |

### Facility investment, i.e. new build or upgrade

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| **Proposed facility name** | **New/ Upgrade** | **Objectives of the facility** | **Schedule of the newly built facility or upgrade** |
|  |  |  |  |

### Summary of relevant publications

|  |  |  |
| --- | --- | --- |
| List of most relevant publications in this Work package Area (limited to 5) | | |
| **Title** | **Author(s)** | **Year of Publication** |
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### Indicative list of potential contributors

List potential contributors (members of your Beneficiary/ Third Parties) to be involved in this Work-Package/Project

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **First Name** | **Surname** | **E-Mail** | **Phone** |
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# ADDITIONAL COMMENTS AND REQUIREMENTS

Please add, if necessary, additional comments or describe requirements your Beneficiary would like to express and that are necessary to contribute to this Work-Package.

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