**Application form for training on the CEMM equipment**

**1. Personal data**

Name: Surname:

Telephone number: Email:

Mobile phone:

Institute: Department:

Status:

[ ]  postgraduate student (master's degree, PhD)

[ ]  postdoctoral associate

[ ]  research or professional associates

[ ]  external associate

[ ]  other:

**2. Field of schooling**

[ ]  SEM preparation [ ]  SEM [ ]  TEM preparation [ ]  TEM

Justification for training:

Investigated materials (compounds, morphology, …)

Expected results:

Expected frequency of work using equipment for EM:

[ ]  every day [ ]  2-3x/week [ ]  1x/week [ ]  1x/2week [ ]  1x/month

 [ ]  other:

Expected period of work on equipment for EM:

[ ]  up to 1 year [ ]  up to 2 years [ ]  up to 3 years [ ]  up to 4 years [ ]  more than 4 years

 [ ]  other:

**3. Prior knowledge of the candidate**

Passed exam of the MMM course at MPŠ: [ ]  yes [ ]  no

Passed exam of the SM course at MPŠ: [ ]  yes [ ]  no

Listener of MMM subject at MPŠ: [ ]  yes [ ]  no

Listener of SM subject at MPŠ: [ ]  yes [ ]  no

Other:

Existing license for work on equipment for microscopy: [ ]  yes [ ]  no

Microscope(s)/sample preparation:

**4. Statement**

Bellow signed agree that in case of a damage of the equipment/instruments for electron microscopy and sample preparation within CEMM, that would be caused by unprofessional and negligent handling of the equipment by a colleague of our department/laboratory/center, the repair costs will be covered by our JSI unit.

Signature of mentor: Signature of the head of JSI unit:

Date of application:

**Statement of the candidate for training on electron microscopy equipment**

Bellow signed candidate for training on electron microscopy equipment within the CEMM declares that when working on electron microscopy equipment/sample preparation, I will follow the instructions for working on electron microscopy equipment and that I will maintain order and cleanliness in the CEMM premises after the work is done. Furthermore, I will immediately report any malfunction of the equipment to the CEMM staff. I am also notified that my license to work on CEMM equipment will be revoked if I do not comply with the rules and/or handle the equipment improperly.

Candidate signature:

Date: