ITER Project Associates

Home Institute Proposal Submission

# Purpose

The ITER Organization (IO) is an intergovernmental organization collaborating to build the world's largest tokamak, a magnetic fusion device that has been designed to prove the feasibility of fusion as a large-scale and carbon-free source of energy based on the same principle that powers our Sun and stars.

Calls for Expressions of Interest serve to invite Home Institutes from IO Members having signed a Memorandum of Understanding (MoU) or a Memorandum of Agreement (MoA) with the IO in proposing their employees for assignments as ITER Project Associates (IPAs) to the IO.

Interested Home Institutes with no MoU/MoA with the IO are required to immediately contact the IO in order to establish a MoU or MoA, before proceeding further.

# Submission of Proposals and Evaluation

A Home Institute shall submit its proposal in line with the requirements of the call for Expressions of Interest in the form of:

* A - Letter of Application
* B - Home Institute proposal on activities to be performed
* C - Associate– Professional History Form (one form for each proposed Associate)
* D - Financial Support to the Associate(s)
* E - Reimbursement of Costs to the Home Institute

Proposals shall be sent by email in **pdf format** to IPA-application@iter.org, indicating in the subject the **Title and Ref. No.** and must be submitted before the expiration of the application deadline. Proposals received after the deadline will not be considered.

The IO shall evaluate all proposals received. During the evaluation process the IO may request clarifications on the proposal submitted by a Home Institute.

The selected Home Institute shall be contacted by the IO for the definition and conclusion of an Implementing Agreement, which will be followed by the formal nomination of the IPA(s).

# Disclaimer

Please note that IPAs are not IO staff members and will be responsible for the payment of tax in compliance with applicable national legislation. Home Institutes shall ensure that IPAs have the appropriate mandatory insurance cover to work in France. A Nomination Form, to be filled in upon signature of the Implementing Agreement, will be provided to the French Foreign Affairs ministry as a basis for a work permit to be issued, as required.

All payments made by the IO are drawn up in Euro or – in exceptional cases – in Unite Sates dollars.

A - Letter of Application

**Date**: DD MONTH YEAR

**Subject**: Proposal on Call for Expression of Interest for Associate… (Ref. No. IPA/\_\_\_\_/\_\_\_/\_\_\_) *(Full title as published with related reference number)*

Dear Sir/Madam,

This letter is in response to the Call for Expressions of Interest for Associates (Ref. No. IPA/\_\_\_\_/\_\_\_/\_\_\_) published on the ITER website.

This Proposal is submitted by: Home Institute Full Name

Address: Home Institute Full Address

Contacts:

Administrative aspects: Name, Job Title

E-Mail

Telephone

Technical aspects: Name, Job Title

E-Mail

Telephone

Date of signature of the Memorandum of Understanding/Agreement

with the ITER Organization: DD MM YYYY

Date and Signature

*(Complete Name, Job Title of Authorised Representative of the Home Institute)*

B - Home Institute (HI) proposal on activities to be performed

1. **Meeting the purpose/scope and HI detailed proposal on list of activities to be performed**

*Please provide here complete details on how the Home Institute proposes to successfully meet the purpose/scope of the assignment and perform the related activities*

1. **Compliance to the duration of the Assignment**

*Please indicate here how the Home Institute proposes to successfully meet the requirements related to the duration of the assignment(s)*

1. **Meeting the specific requirements and conditions (if requested)**
*Please indicate here how the Home Institute proposes to successfully meet the specific requirements and conditions related to the list of activities to be performed*
2. **Proposed resources to be nominated as ITER Project Associate (IPA)**

*Please indicate below the complete name and job title for each of the resources proposed as IPA in line with the requirements of the assignment(s). Annex C (Associate – Professional History Form) shall be completed for each proposed Associate.*

|  |  |
| --- | --- |
| **Family Name, First Name**  | **Current Job Title** |
| ….. | …. |

1. **Financial aspects**

*Please summarize here any financial support that is requested for the IPA(s) and by the Home Institute which is required in order to successfully meet the requirements and conditions related to the list of activities to be performed. Further details shall be provided in Annex D (Financial Support to Associate(s) and Annex E (Reimbursement of Costs to the Home Institute)*

1. **Other relevant information in support of the proposal**

*Please indicate here any other relevant information to be considered by the IO in support of the Home Institute’s proposal to successfully meet the requirements and conditions related to the list of activities to be performed*

C - Associate – Professional History Form

|  |
| --- |
| 1. ASSOCIATE PERSONAL INFORMATION

Family Name:First Name:Gender: [male/female] Birth date: DD/MM/YYYYNationality:Dependents to relocate near ITER Site: NO [ ]  YES [ ]   [ ]  Spouse/Partner  [ ]  Children  Specify number/age: |

|  |
| --- |
| 1. ACTIVITIES TO BE ASSIGNED

*Based on the published Call for Expression of Interest, indicate the specific activities to be assigned to the Associate at IO, in the context of the Home Institute Proposal:* |
|  |

| 1. EDUCATION AND QUALIFICATIONS

*Provide education history, including exact names of titles of degrees/qualifications above secondary school, as they appear in the diploma(s) and details of the education establishment.* |
| --- |
| Month/Year attended | Degrees or Qualifications*(provide exact name/ title)* | Main Field of Study | Education Establishment (University or other)Name, Place and Country |
| from | to |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *Please indicate if any of the studies specified above are incomplete or in progress. If you wish, provide any other information regarding your education that you consider relevant:* |

|  |
| --- |
| 1. EMPLOYMENT RECORD

*Starting with your most recent job, list in reverse order every appointment you have had* ***over the last five years****. Use a separate block for each job.* |

|  |  |
| --- | --- |
| From *(Month/Year)* | **Current Job Title:** |
|  |  |
| Name and address of present employer (Home Institute): |
| DESCRIPTION OF YOUR DUTIES: |

|  |  |  |
| --- | --- | --- |
| From*(Month/Year)* | To*(Month/Year)* | **Job Title:** |
|  |  |  |
| Name, address and country of employer: |
| DESCRIPTION OF YOUR DUTIES: |

|  |
| --- |
| 1. NUCLEAR SAFETY SKILLS OR RELEVANT TRAINING/CERTIFICATIONS

*Please indicate and comment on your nuclear safety knowledge, relevant training or certifications.* |
|  |

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| --- |
| 1. LANGUAGE SKILLS AND OTHER RELEVANT TECHINCAL TRAINING/CERTIFICATIONS

*Please indicate language skills, and provide any other relevant technical training or certifications awarded.* |
| Mother tongue : English level, if not mother tongue: Fluent [ ]  Intermediate [ ]  Beginner [ ] Technical training:Certifications: |

D - Financial Support to the Associate(s)

Within the limits stated in the Section 9 of the IPA scheme, the IO may decide to grant support to each Associate.

Please indicate below financial support proposed for each Associate for whom a Professional History Form was completed.

| **Associate Name** | **Financial Support Proposed****YES/NO** | **If YES, please specify one or more below**  |
| --- | --- | --- |
| **Living Adjustment Allowance****(monthly amount)** | **Installation Allowance****(one payment upon arrival)** | **Reimbursement of Travel Costs****(one payment upon arrival[[1]](#footnote-1))** |
| Associate 1-Name  |  | €€€€ | €€€€ | €€€€ |
| Associate 2-Name  |  |  |  |  |

E - Reimbursement of Costs to the Home Institute

Within the limits stated in Section 6.3 of the IPA scheme, the IO may decide to reimburse the salary and related benefits cost of the Associate to the Home Institute, as well as other administrative costs, as deemed appropriate.

Please indicate costs for which reimbursement is claimed by the Home Institute for each Associate for whom a Professional History Form was completed.

| **Associate Name** | **Type of Cost/reimbursement requested** | **Monthly amount** |
| --- | --- | --- |
| Associate 1-Name  | XXXX | €€€€ |
|  |  |
|  |  |
| Associate 2-Name |  |  |
|  |  |
|  |  |

1. Travel Costs upon departure to be determined at the end of the assignment [↑](#footnote-ref-1)