***TWINNING PROGRAMME EVALUATION FORM***

*(All form fields are required to be filled)*

|  |  |
| --- | --- |
| Surname | *enter surname* |
| First name | *enter the first name* |
| Nationality | *enter nationality* |
| Gender | *select one of the options* |
| Indicate your age group | *select one of the options* |
| Indicate your stage of career | *select one of the options* |
| Email | *enter e-mail address* |
| Employing organisation / Home institution | Name | *enter name* |
| Country | *enter country* |
| Legal status | *select one of the options* |
| Proposal research area | *select the most appropriate category* |
| Proposal ID | *enter proposal ID* |
| Name of installation | *select the facility you visited* |
| Travel details | Arrival Date | *select the date* |
| Departure Date | *select the date* |
| Beamtime | Start date | *select the date* |
| End date | *select the date* |
| Have you obtained previous support from NEPHEWS? | *select one answer* |
| Indicate your previous experience with open-access research infrastructures. | *select one of the options* |
| How important was NEPHEWS' TWINNING support for your on-site participation in the experiment? | *select one of the options* |
| *1 – on-site participation was equally possible without the TNA support* *5 – on-site participation would have been impossible without the TNA support* |
| Give an overall assessment of your satisfaction with the TWINNING programme. | *select one of the options* |
| *1 - completely unsatisfied* *5 - entirely satisfied* |
| How do you see the potential for improving support users under future TWINNING programmes? | *enter comment* |
| Where did you learn about the possibility of obtaining support from the NEPHEWS project? | *select one answer* |

By completing this form, I agree that the information provided here will be used for EU reporting purposes and in an anonymized form as statistics.

|  |  |
| --- | --- |
| *select the date* | *enter first & last name* |
| Date | First & last name |