

Please substitute here the logo of the Provider's institution



Facility

[Access Provider Name]

[Name of Facility]

[Name of host institution]

[Address of host institution]

To: - IRISCC WP8 Leader

- TA Project Leader

[Name of TA project leader]

[Home institution and address]

Confirmation of Access

IRISCC Transnational access

I, as access provider, herewith confirm that the following Transnational Access (TA) project was carried out at the Facility/installation above-named, in the framework of the IRISCC project:

TA project acronym:

Access type: Physical access Remote access Hybrid access

The amount of access delivered to the user group is as follows:

	Participant name	Duration of stay (start-end date)	Unit of access (physical access)	Amount of acces (physical access)	Unit of access (remote access)	Amount of acces (remote access)
User group leader		[dd/mm/yyyy - dd/mm/yyyy]	(i.e. UWD, SWD, DAY)		(i.e. UWD, SWD, DAY)	
User 1:						
...						
User n:						
Total amount of access provided to project user group in RP1 (01/04/2024 to 30/09/2025):						
Total amount of access provided to project user group in RP2 (1/10/2025 – 31/03/2027):						
Total amount of access provided to project user group in RP3 (1/04/2027 – 30/09/2028):						

[Location], [Date dd/mm/yyyy]

Location and date

Name and Signature of access provider