**SINGAPORE-INTERNATIONAL SYNCHROTRON ACCESS PROGRAMME (SG-ISAP)**

**BEAMTIME AT THE AUSTRALIAN SYNCHROTRON**

**WHITEPAPER APPLICATION**

**(Call Ref: SG-ISAP/AS2025/C3)**

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| 1. **TITLE OF PROPOSAL** (max. 80 characters, including space)
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| 1. **RE-SUBMISSION STATUS**
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| **Is this proposal a re-submission from a previous call for Whitepaper to SG-ISAP?****If ‘Yes’ please complete Questions (a) & (b) below** | [ ] : Yes  | [ ] : No |
| 1. **Indicate previous Whitepaper Reference No. (e.g. SG-ISAP/AS2022/C1-00007).**
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| 1. **Provide a summary of the changes that have been included/applied in this new submission.**
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| **Is this proposal a re-submission from a previous call for full proposals to the Australian Synchrotron?** **(Please note any proposal which has been rejected twice by ANSTO will NOT be considered for further funding under SG-ISAP)** **If ‘Yes’ please complete Questions (a) & (b) below** | [ ] : Yes  | [ ] : No |
| 1. **Indicate the previous ANSTO Reference No. (e.g. AS232/PD/12345), and provide a copy of the outcome (i.e. notification email from ANSTO).**
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| 1. **Provide a summary of the changes that have been made in this new submission.**
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| 1. **PREVIOUS BEAMTIME USED AT ANSTO**
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| **Have you completed any beam time allocation at ANSTO which was funded through SG-ISAP?****If ‘Yes’ please complete Questions (a) & (b) below** | [ ] : Yes  | [ ] : No |
| 1. **Indicate previous ANSTO Reference Number(s), Beamtime Dates and number of shifts used.**
 | **ANSTO Reference No.** **(e.g. AS232/PD/12345):** | **Beamtime Dates:** | **Number of Shifts:** |
| 1. **State the outcomes and provide details of resulting publications, new grant applications, invention disclosures, etc.**
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| 1. **PROPOSAL FUNDING INFORMATION**
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| **Is this proposal currently funded by an external grant (e.g. MOE, NRF, A\*STAR)?** **If ‘Yes’ please complete Questions (a) & (b) below** | [ ] : Yes  | [ ] : No |
| 1. **Indicate funding source(s) and grant award number(s):**
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| 1. **Is there funding allocated for overseas travel and beamline experiment usage?**
 | [ ] : Yes  | [ ] : No |

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| 1. **RESEARCH TEAM**
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| Important Note: Each application should include the PI and proposal project team members only. Assigned travelling staff/student can be filled out upon the approval of the white paper. At least two (2) team members with prior experience using beamlines either in SSLS or other synchrotron facilities, should be nominated as proposed travellers. Nominated proposed travellers should ideally include the PI of project team. |
| **Role** | **Title, Name** | **Designation** | **Email** | **Department, Faculty/ Institution** | **100% Appointment at Institution/Organisation (Please tick)** | **Roles of Team Member(s)** | **Proposed Traveller****(Please tick)**  |
| **Yes** | **No** |
| **PI** |  |  |  |  |  |  |  |  |
| **Team Member 1** |  |  |  |  |  |  |  |  |
| **Team Member 2** |  |  |  |  |  |  |  |  |
| **Team Member 3** |  |  |  |  |  |  |  |  |

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| 1. **EXPERIENCE OF PARTICIPANTS & OUTCOME OF PREVIOUS SYNCHROTRON-BASED EXPERIMENTS** (Max. 800 words)
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| Please detail the experience of everyone listed on the proposal based on the following directions: 1. If you have previous synchrotron experience:
* Provide brief information of your synchrotron experience over the past 3 years (year, experiment location, relevant publications).
1. If you are new to synchrotron science:
* *Provide details of your expertise and publication outputs in the relevant field of science over the past 3 years.*
1. PI and project team members are to enclose their Curriculum Vitae (CV) to this Whitepaper Application. Each CV should not be more than 3 pages.

For data protection purposes, please ensure that the following personal information **are not** listed in your CVs –1. NRIC/FIN number
2. home/residence address
3. contact number
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| 1. **NECESSITY OF USING AUSTRALIAN SYNCHROTRON** (max. 200 words)
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| Justify why this work cannot be done using standard laboratory X-ray or infrared sources, other (non-X-ray) techniques or any beamlines at the Singapore Synchrotron Light Source |
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| 1. **PROPOSAL** **ABSTRACT** (max. 200 words)
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| Tip: Provide a succinct and accurate description of the proposal. The abstract must capture the academic significance, the hypotheses/research questions to be addressed |
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| 1. **DETAILS OF RESEARCH PROPOSAL** (2-page proposal, Arial font size 10, single line spacing)
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| Tip: Provide the specific aim(s) of the research, findings from preliminary studies (if applicable), approach, significance and innovation/novelty of proposed research, and contribution of each research team member. References cited must be listed at the end of the document. Information provided should be sufficiently self-contained for an assessment of the whitepaper without further reference to other materials. References, figures/charts and annexures will not count toward the 2-pages. |
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| 1. **Objectives**
2. **Preliminary studies**
3. **Methods and Approaches**
4. **Expected outcomes**
5. **Long-term plan(s) for synchrotron usage**

**Key References** |
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| 1. **PROPOSED BEAMLINE & ESTIMATED EXPERIMENT DURATION**
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| Details of the beamlines at the Australian Synchrotron and their capabilities can be found [here](https://www.ansto.gov.au/our-facilities/australian-synchrotron/australian-synchrotron-beamlines). |
| **Beamline(s)****Strongly recommend limiting to a maximum of 2 beamlines.** | [ ] : Imaging and Medical [ ] : SAXS / WAXS[ ] : Infrared Microspectroscopy [ ] : Soft X-ray Spectroscopy[ ] : THz – Far Infrared [ ] : X-ray Absorption Spectroscopy[ ] : Macromolecular and Microfocus Crystallography [ ] : X-ray Fluorescence Microscopy[ ] : Powder Diffraction |
| **Name and email address of Australian Synchrotron beamline scientist(s) that you have contacted.** **If you have selected 2 beamlines, please ensure that you have contacted the beamline scientists of both beamlines.*****(Mandatory)*** |  |
| **Expected No. Shifts on EACH requested beamline (8 hours per shift)*****[e.g. if 2 beamlines: XAS – 6, PD – 6]*** |  |
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| 1. **DECLARATION BY PRINCIPAL INVESTIGATOR (PI)**
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| **By submitting this Whitepaper application form, I consent to the Programme Office of the Singapore-International Synchrotron Access Programme (SG-ISAP) collecting, using and/or disclosing my personal data to third parties (including any third party located outside of Singapore) for the purpose of administering and managing the Whitepaper application, stated herein.****I hereby declare that the facts stated in this application and the accompanying information are true. This is an original and latest version of the proposal.**  | [ ] : Yes  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name & Signature of PI** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date** |