*Annex 10*

**Consent Letter of the Project Consultant**

(To be completed by the Project Consultant; the Consultant’s signature is mandatory)

***Project Related Information:***

|  |  |
| --- | --- |
| Title |  |
| Principal Investigator: Name, Surname |  |
| Project Coordinator  |  |
| Host Institution |  |

***Personal data of the Project Consultant:***

|  |  |
| --- | --- |
| Name, Surname |  |
| Academic Degree |  |
| Position/Academic Position  |  |
| Department, Institution |  |
| City, Country |  |
| Contact Information (phone, fax, E-mail) |  |

***Please provide a brief description of your consulting services: the specific period(s) of performance in which you will participate in the project, activities and expected results.***

|  |
| --- |
|  |

***Please provide additional information/comments if you consider it relevant.***

|  |
| --- |
|  |

* I herewith confirm to provide consultancy during the above mentioned project implementation.

**Signature of the Consultant:**

**Date:**