**EXCHANGE/JOINT RESEARCH MEETING PROPOSAL AND AGREEMENT for PHD students or staff members only**

Planned period of the activity (if defined): from *[day/month/year]* till *[day/month/year]*

Duration (days) – excluding travel days: ………………….

**The Staff/Student Member completing the Exchange**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Position |  | Nationality |  |
| Gender |  | Academic year | 20../20.. |
| E-mail |  | | |

**The Sending Institution (the institution from which the staff member will travel from)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty/Department |  |
| Address |  | Country |  |
|  |  | Contact person e-mail / phone |  |

**The Receiving Institution (the institution who will host the exchange)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty/Department |  |
| Address |  | Country |  |
| Contact person, name and position |  | Contact person |  |

**Proposed Cost of Exchange**

|  |  |
| --- | --- |
| Flights |  |
| Accommodation |  |
| Subsistence |  |

#### **Section to be completed BEFORE THE EXCHANGE**

#### **PROPOSED EXCHANGE OR JOINT RESEARCH MEETING**

|  |
| --- |
| **Overall objectives of the exchange or meeting:** |
| **Potential added value of the exchange or meeting to the vision and purpose of the WTUN or contribution to the UN SDG’s or Gender Equality work of the Network:** |
| **Activities to be carried out:** |
| **Expected outcomes and impact:** |

**COMMITMENT OF THE FOUR PARTIES**

By signing this document, the staff member, the sending institution, the receiving institution and the Network (via the operational board chair and network host) confirm that they approve the proposed Exchange or Joint Research meeting.

The staff or student member will conduct the exchange before 31 March 2020 and share his/her experience, in particular its impact on to other Network members, as a source of inspiration to others. The staff or student member and the receiving institution will communicate to the Network coordinator any problems or changes regarding the proposed Exchange of Joint Research Meeting

|  |
| --- |
| **The staff member**  Name:  Signature: Date: |

**The sending institution**

Name of the responsible person:

Signature: Date:

|  |  |
| --- | --- |
| **The receiving institution**  Name of the responsible person:  Signature: Date: | |
| **The Operational Board**  Chair:  Signature: Date: |
| **The Network Host**  Name:  Signature: Date: | |
| **Any Comments from Network Host of Operational Board on the proposal:** | |

**GUIDANCE AND ADDITIONAL REQUIREMENTS**

**Employer’s accident and liability insurance**

You must be check whether you will be covered by the Employer’s accident and liability insurance when participating in the exchange. You will need to provide confirmation of this in the form of a letter from your employer.

**The Sending Institution**

* Agrees to cover any expenditure that exceeds the maximum allowance of the exchange (£1,200 GBP)
* Agrees to support the arrangements of the exchange in conjunction with the WTUN Coordinator

**The Receiving Institution**

* Agrees to support the arrangements of receiving the exchange in conjunction with the WTUN Coordinator
* Provide a welcome and introduction to the institution for the exchange participant

**The Participant (s) of the Exchange**

* Successful applicants agree to complete a registration, health and safety and risk assessment document prior to the fund being released
* Agrees to make the necessary arrangements, in consultation with their employer, to receive the fund
* Agrees to record and evidence expenditure against the provided fund to the WTUN Coordinator on request
* Agrees to complete an exchange summary and impact report within 3 months of completing the exchange