WTUN Exchange Programme 2020/21

Proposal Form and Agreement

For staff members or PhD students from member institutions only.

Personal Details

The student/staff member completing the exchange:

|  |  |
| --- | --- |
| Last/Family Name(s): |  |
| First (given) Name(s): |  |
| Job Title: |  |
| Faculty/Department: |  |
| Institution: |  |
| Nationality: |  |
| Gender: |  |
| Email: |  |
| Phone Number: |  |

Line Manager/Head of Department:

|  |  |
| --- | --- |
| Last/Family Name(s): |  |
| First Name(s): |  |
| Job Title: |  |
| Email: |  |
| Phone Number: |  |

|  |  |
| --- | --- |
| Operational Board Member Name: |  |

The contact from partner institution:

|  |  |
| --- | --- |
| Last/Family Name(s): |  |
| First Name(s): |  |
| Job Title: |  |
| Faculty/Department: |  |
| Institution: |  |
| Nationality: |  |
| Gender: |  |
| Email: |  |
| Phone Number: |  |

|  |  |
| --- | --- |
| Operational Board Member Name: |  |

Financial Proposal:

Proposed Cost of the Exchange (GBP)  
Please note that the maximum grant amount available is 1200GBP. Any costs above this must be covered by the participants institution.

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

Exchange Proposal:

|  |
| --- |
| What are your overall objectives for the exchange? (max 500 words) |
|  |
| How does your proposed exchanged fit with the WTUN Vision? (max 500 words) |
|  |
| What are your proposed activities? |
|  |
| What are your expected outcomes? |
|  |
| What is the wider institutional and network impact of your proposed exchange? |
|  |
| Is this a multi-lateral exchange? If yes, please outline the connected proposal(s) below. |
|  |

Commitment of all parties:

By signing this document, the exchange participant, the member institutions involved 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 PhD student member will conduct the exchange before 31 March 2021 and share their experience, the 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.

Please note: Before submitting all proposals need to be signed by the Operational Board member from the participant’s institution. Information on Board members can be at <https://www.wtu-n.net/members/>

|  |
| --- |
| The Exchange Participant  Name:  Signature:  Date: |
| The Operational Board Member:  Name:  Signature:  Date: |
| Partner Institution Contact  Name:  Signature:  Date: |
| The Network Host  Name:  Signature:  Date: |
| Additional Comments: |

Guidance and Additional Requirements:

Employer’s accident and liability insurance

You must 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 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

The Participant’s 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 Team

The Partner Institution

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