WTUN Exchange Programme 2023-24

Proposal Form and Agreement

For staff members or PhD students from WTUN member institutions only.

**Personal Details**

The student/staff member completing the exchange:

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| --- | --- |
| 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: |  |

|  |  |
| --- | --- |
| Sending institution’s Operational Board Member (Name): |  |

**Contact from partner institution:**

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

|  |  |
| --- | --- |
| Host institution’s Operational Board Member Name: |  |

# Financial Proposal:

Projected Cost of the Exchange (GBP)

Please note that the maximum grant amount available is £2000 GBP. Any costs above this must be covered by the participants institution.

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| Flights/Travel |  |
| Accommodation |  |
| Subsistence |  |
| Additional |  |
|  |  |

Exchange Proposal:

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| What are your overall objectives for the exchange? (max 500 words) |
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| How does your proposed exchanged fit with the [WTUN Vision](https://www.wtu-n.net/about/)? (max 500 words) |
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| What are your proposed activities during the exchange? (max 500 words) |
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| What are your expected outcomes during and after the exchange? (max 500 words) |
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| What is the wider institutional and network impact of your proposed exchange? (max 500 words) |
|  |

# 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 to the host institution.

The Participant (s) of the Exchange:

* Successful applicants agree to complete a registration, health and safety and risk assessment document required of them by the host institution.
* Agrees to make the necessary arrangements, in consultation with their employer, to receive the funds.
* Agrees to record and evidence expenditure against the provided fund to the WTUN Secretariat within 1 month of completing the exchange
* Agrees to complete an exchange summary and impact report within 1 month of completing the exchange.

The Participant’s Institution

* Agrees to cover any expenditure that exceeds the maximum allowance of the exchange (£2000 GBP)
* Agrees to support the arrangements of the exchange in conjunction with the WTUN Secretariat

The Host Institution

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

# Commitment of all parties:

By signing this document, the exchange participant, the member institutions involved, confirm that they approve the proposed Exchange or Joint Research meeting.

The staff or PhD student member will conduct the exchange before 31 March 2025 and share their experiences including the potential impact on other Network members, and the exchange as a source of inspiration to others. The staff or student member and the receiving institution will communicate to the WTUN Secretariat any problems or changes regarding the proposed Exchange.

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

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| **The Exchange Participant**  Name:  Signature:  Date: |
| **The Operational Board Member (sending):**  Name:  Signature:  Date: |
| **The Operational Board Member (hosting):**  Name:  Signature:  Date: |
| **Partner Institution Contact (if different to OB member above)**  Name:  Signature:  Date: |
| Additional Comments: |