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 **APPLICATION FORM FOR TEMPORARY RESEARCH STAYS AT THE UNIVERSIDAD DE ZARAGOZA**

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| ***APPLICANT’S PERSONAL DATA*** Full name:      ID / Passport No.:      Academic degree:      Nationality:      Date of birth:      Email:       |
| ***APPLICANT’S HOME INSTITUTION***Name:      Address:      City and Country:       |
| ***APPLICANT’S EMPLOYMENT STATUS IN THE HOME INSTITUTION*** Contractual or statutory modality***:***[ ] Permanent contract[ ] Temporary contract. Completion date:      [ ] Civil servant[ ] Statutory personnel[ ] EPIF fellow. Completion date:      [ ] Other. Indicate modality and expected completion date:Professional category:      *(In case of having any official fellowship or grant, please attach a validated copy of the Notice of Award)* |
| ***ACTIVITIES TO BE UNDERTAKEN AT THE UNIVERSIDAD DE ZARAGOZA***1.- Description:      2.- Expected starting date:      3.- Duration:      4.- Department, Research Institute or Research Center where the stay will take place:       |
| ***REMARKS*** |

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| The applicant ACCEPTS the following commitments:1.- Fulfill the standard operating procedures of the Department, Research Institute or Center where he/she will spend the research stay.2.- If the applicant doesn’t have an accident insurance policy, he/she will have to purchase one for the whole duration of the stay, which will be paid by the applicant’s home institution or by the applicant him/herself.3.- In the event that, as a result of the applicant’s activity within his/her stay, there were some results that could be subject of a property right, management or exploitation, the distribution of the potential economic benefits will be agreed between the Universidad de Zaragoza and the applicant’s home institution.4.- The applicant’s temporary research stay at the Universidad de Zaragoza neither modifies nor alters his/her legal relationship with the home institution. The applicant will remain under its organizational and managerial structure and will keep his/her direct dependent relationship with it, being subject to its own legal regime. |
| The applicant,(*signature*)Name:       |  The Representative of the applicant’s home institution(*signature*)Name:      Position:       |

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| D.      Director of the Department / Research Institute / Research Center:**AUTHORIZES** the temporary research stay of:      and states that the space and resources to be allocated for the right development of the temporary research stay, according to this application, are the following:      Date and signature Name.:       |