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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.: |