APPLICANT’S PERSONAL DATA (External Researcher applying for the association to UZ)

|  |  |  |  |
| --- | --- | --- | --- |
| Full name | Full name | | |
| ID / Passport No. | ID / Passport No. | | |
| Academic degree | Academic degree | | |
| Nationality | Nationality | Date of birth | Insert date |
| Email | Email | | |

REFERENCE OF THE AGREEMENT WITH THE UNIVERSIDAD DE ZARAGOZA

|  |  |
| --- | --- |
| Date of signature | Date of signature |
| Name | Name |

APPLICANT’S HOME INSTITUTION

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Name | | |
| Address | Address | | |
| City | City | Country | Country |

APPLICANT’S EMPLOYMENT STATUS IN THE HOME INSTITUTION

|  |  |
| --- | --- |
| Contractual or statutory modality | |
|  | Permanent contract |
|  | Temporary contract. Completion date:: Completion date |
|  | Civil servant |
|  | Statutory personnel |
|  | EPIF fellow. Completion date: Insert date |
|  | Other. Indicate modality and expected completion date:  Indique otras situación y fecha fin prevista |
| Professional category: 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

|  |  |  |  |
| --- | --- | --- | --- |
| Description:  Activities | | | |
| Expected starting date | Starting date | Duration | Duration |
| Department, Research Institute or Research Center where the stay will take place:  Center where the stay will take place | | | |
| 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.- Comply with the university specific regulations which will apply to his/her research activity.  3.- Comply with the obligations under the association agreement signed between the parties.  4.- If the applicant doesn’t have an accident insurance policy, he/she will have to purchase one for the whole duration of the association, which will be paid by the applicant’s home institution or by the applicant him/herself.  5.- 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.  6.- 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)* | The Representative of the applicant’s home institution  (*signature*) |
| Position: Position |
| Name: The applicant | Name: The representative of the applicant´s home institution |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| D. | Full name | | | |
| Director of the Department / Research Institute / Research Center | | | | |
| **AGREES** with the association of: | | | | |
| Full name External Researcher | | | | |
| and states that the space and resources to be allocated for the correct development of the research activities, according to this application, are the following: | | | | |
| Spaces and resources | | | | |
| Date and signature  Insert date | | | | |
| Name.: Signature | | | | |
| Rosa María Bolea Bailo, Vicerrectora de Política Científica of the University of Zaragoza, | | | | |
| **AUTHORIZES THE ASSOCIATION OF**: Full name External Researcher | | | | |
| In the Department / Research Institute / Research Center: | | | | |
| Deparment / Research Institute / Research Center | | | | |
| Starting Date: | | Insert date | Completion Date: | Insert date |
| Zaragoza a, Inser date | | | | |
| Name: Signature | | | | |