**Form of Acceptance of Applicant by the Receiving Institute & Detailed Plan for the ERA Knowledge Exchange Programme**

The application of (name and surname) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**as “visiting ERA member“

to visit (name of institute) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

during the approximate period (1 month) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

is hereby accepted.

The ERA Knowledge Exchange Programme provides the recipient with a subsistence allowance to cover the living costs. The visiting ERA member is not, therefore, an employee of the ERA which cannot accept liability for his/her actions, health, safety or research expenditures. The host institute in accepting the visiting ERA member accepts the responsibility of protecting both itself and the visiting ERA member as appropriate to the normal needs of a guest worker. The host institute also agrees to provide the necessary materials and facilities. The ERA does not provide "bench fees" or any other financial contribution to the costs of the clinical stay.

**Detailed plan of the exchange of the visiting ERA member drafted in agreement with the Director of the receiving institute**

*Please describe the specific objectives of the exchange period at the Receiving Institute and the possible implementation of the knowledge gained from this experience in the home institution.*

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Name of the Visiting ERA Member Signature

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Name of the Director of the receiving institute Signature