**Letter of Support for the ERA Knowledge Exchange Programme**

1) Name of the visiting ERA member:

2) Title of the exchange (please indicate specific clinical techniques):

3) Unmet needs at the home institute:

4) What kind of knowledge learning is intended:

5) Current work and position of the visiting ERA member in his/her home institute:

6) Can you confirm that the visiting ERA member will maintain his/her position in his/her home institute at the end of the exchange period at the receiving institute?

Yes  No

7) Will the visiting ERA member be able to implement the acquired skill in the home institute? (i.e.: establish a new clinical program, implement new technique(s))

Yes  No

8) Please specify the technique(s):

9) Please specify the clinical program(s):

10) Other comments:

……………………………………………… Stamp of the Home Institute

Name of the home institute

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Name of the Chief of the home institute Signature