**Form of Acceptance of Applicant for the ERA Registry Fellowship Programme**

**by** **Receiving Institute**

The application of (name and surname) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

to visit Amsterdam UMS – Location AMC, Department of Medical Informatics of the Academic Medical Center (AMC), Amsterdam, Netherlands

during the approximate period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is hereby accepted.

The ERA Registry Fellowship Programme provides the recipient with return travel expenses to the host institute and a subsistence allowance to cover the fellow's living costs. The fellow 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 fellow accepts the responsibility of protecting both itself and the fellow as appropriate to the normal needs of a guest worker. The host institute also accepts to provide the necessary materials and facilities. The ERA does not provide "bench fees" or any other financial contribution to the costs of the research.

To the extent that the receiving institute is legally able, and in accordance with its policy, the receiving institute agrees to consider the entity of the ERA regarding the sharing of patent rights and revenues resulting from research funded by the ERA. It is also understood and agreed by the receiving institute that the results of the research involving the fellow will be made freely available in the scientific literature and will not be kept undisclosed, or their disclosure delayed, for non-scientific reasons.

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Name of Director or other responsible official Signature

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Name of proposed scientific supervisor Signature