

WORLD TECHNOLOGY UNIVERSITIES NETWORK

EXCHANGE/JOINT RESEARCH MEETING PROPOSAL AND AGREEMENT for PHD students of staff members only

Planned period of the activity (if defined): from [day/month/year] till [day/month/year]

Duration (days) – excluding travel days:

The Staff/Student Member completing the Exchange

Last name (s)		First name (s)	
Position		Nationality	
Gender		Academic year	20../20..
E-mail			

The Sending Institution (the institution from which the staff member will travel from)

Name		Faculty/Department	
Address		Country	
		Contact person e-mail / phone	

The Receiving Institution (the institution who will host the exchange)

Name		Faculty/Department	
Address		Country	
Contact person, name and position		Contact person	

Proposed Cost of Exchange

Flights	
Accommodation	
Subsistence	

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Section to be completed BEFORE THE EXCHANGE

PROPOSED EXCHANGE OR JOINT RESEARCH MEETING

Overall objectives of the exchange or meeting:

Potential added value of the exchange or meeting to the vision and purpose of the WTUN or contribution to the UN SDG's or Gender Equality work of the Network:

Activities to be carried out:

Expected outcomes and impact:

COMMITMENT OF THE FOUR PARTIES

By signing this document, the staff member, the sending institution, the receiving institution and the Network (via the operational board chair and network host) confirm that they approve the proposed Exchange or Joint Research meeting.

The staff or student member will conduct the exchange before 31 March 2020 and share his/her experience, in particular its impact on to other Network members, as a source of inspiration to others. The staff or student member and the receiving institution will communicate to the Network coordinator any problems or changes regarding the proposed Exchange or Joint Research Meeting

<p>The staff member</p> <p>Name:</p> <p>Signature: _____ Date: _____</p>
<p>The sending institution</p> <p>Name of the responsible person:</p> <p>Signature: _____ Date: _____</p>
<p>The receiving institution</p> <p>Name of the responsible person:</p> <p>Signature: _____ Date: _____</p>
<p>The Operational Board</p> <p>Chair:</p> <p>Signature: _____ Date: _____</p>
<p>The Network Host</p> <p>Name:</p> <p>Signature: _____ Date: _____</p>
<p>Any Comments from Network Host of Operational Board on the proposal:</p>

GUIDANCE AND ADDITIONAL REQUIREMENTS

Employer's accident and liability insurance

You must check whether you will be covered by the Employer's accident and liability insurance when participating in the exchange. You will need to provide confirmation of this in the form of a letter from your employer.

The Sending Institution

- Agrees to cover any expenditure that exceeds the maximum allowance of the exchange (£1,200 GBP)
- Agrees to support the arrangements of the exchange in conjunction with the WTUN Coordinator

The Receiving Institution

- Agrees to support the arrangements of receiving the exchange in conjunction with the WTUN Coordinator
- Provide a welcome and introduction to the institution for the exchange participant

The Participant (s) of the Exchange

- Successful applicants agree to complete a registration, health and safety and risk assessment document prior to the fund being released
- Agrees to make the necessary arrangements, in consultation with their employer, to receive the fund
- Agrees to record and evidence expenditure against the provided fund to the WTUN Coordinator on request
- Agrees to complete an exchange summary and impact report within 3 months of completing the exchange