**Mobility agreement concerning the short-term visit of a healthcare professional in the framework of the ERN GUARD-Heart Exchange Programme 2023-2024**

**I. DETAILS OF THE PARTIES INVOLVED**

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| **THE SENDING INSTITUTION (ERN coordinating office)**European Reference Network: ERN GUARD-Heart Contact person at the European Reference Network* Name: Nynke Surname: Hofman
* Function: network manager
* Email address: n.hofman@amsterdamumc.nl

Coordinator of the European Reference Network (N/A if contact person and coordinator are the same)* Name: Arthur Surname: Wilde
* Function: Coordinator / cardiologist
* Email address: a.a.wilde@amsterdamumc.nl
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| **THE PARTICIPANT**Name:       Surname:       Specialisation:      Category (junior/senior[[1]](#footnote-2)):       Function:       Work email address:       Hospital where the participant is employed* Name:
* Address:
* Country:
* ERN Member or Affiliated Partner:
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| **THE HOSTING INSTITUTION**Healthcare provider hosting the exchange visit* Name:
* Address:
* ERN Member or Affiliated Partner:

Representative at the hosting institution* Name:       Surname:
* Function:

Contact person at the hosting institution (available for logistic questions about the exchange; leave empty when N/A) * Name:       Surname:
* Function:
* Email address:
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**II. DETAILS OF THE EXCHANGE PROGRAMME**

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| Start date of the exchange visit:       End date of the exchange visit:       Number of working days:        |

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| Detailed programme of the exchange visit: * Objectives
* Planned activities
* Expected results

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**III. COMMITMENT OF THE PARTIES INVOLVED**

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| **THE SENDING INSTITUTION (ERN coordinating office)**We approve the proposed visit and work plan.The visit fits within the following priorities of the Exchange Programme:……………………………………………………………………………………………….ERN coordinator’s signature…........................................................................ Date : ................................................................... |

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| **THE PARTICIPANT**I will undertake my tasks following the programme of the exchange visit as described above under the supervision of the representative of the host institution. |
| Participant’s signature.............................................................................  |  Date: ................................................................... |

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| **THE HOST INSTITUTION**We will host the participant and implement the programme of the exchange visit as described above.Signature of the representative of host institution........................................................................... Date: ................................................................... |

**Declaration of Honour**

**By the selected participant in the framework of the ERN Exchange Programme ERN GUARD-Heart 2023 - 2024**

I, undersigned, hereby declare on my honour that:

* I understand that it is my responsibility to have a valid travel insurance in the framework of the European Reference Networks’ Exchange Programme during my exchange visit.
* Should I not have a travel insurance, I hereby commit to covering the costs of the travel ticket cancelation, if such cancellation is due to a reason depending on my personal unavailability (e.g. sickness, other commitments).
* If I cancel my trip following the purchase of my ticket, I confirm that I can’t reimburse the travel costs.
* The reimbursement-form of the travelcosts and daily allowance should be send to the network manager of the ERN, within 30 days after the Exchange Visit has been completed. We also require a completed mobility agreement before reimbursement is executed.

* I commit to promptly communicating to ERN GUARD-Heart any change that may incur in my exchange visit depending on my personal availability / decisions, in order to allow for a smooth coordination and adaptation of the plans.

Place and date Full name in capital letters and signature

1. This category is defined by the hospital as employer [↑](#footnote-ref-2)