**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**

|  |
| --- |
| **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 |

|  |
| --- |
| **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: |

|  |
| --- |
| **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: |

**II. DETAILS OF THE EXCHANGE PROGRAMME**

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

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

**III. COMMITMENT OF THE PARTIES INVOLVED**

|  |
| --- |
| **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 : ................................................................... |

|  |  |
| --- | --- |
| **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: ................................................................... |

|  |
| --- |
| **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)