VISITING SCHOLAR / RESEARCHER FORM

**PERSONAL DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: (family name) |  | First name: (given name) |  |
| Place of birth: |  | Date of birth: (dd/mm/yyyy) |  |
| Nationality: |  | Gender (M/F): |  |
| Material status: |  | Title: |  |

**PERSONAL CONTACT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address: |  | No/Apartment/Unit  |  |
| City: |  | Country: |  |
| Zip: |  | Home Phone: |  |
| Email: |  | Cell Phone: |  |

**VISITING INFORMATION**

|  |  |
| --- | --- |
| Aim of the visit: |  |
| Proposed programme visit: |  |
| PhD obtained: | Yes/No  |
| If PhD obtained | University: Year: |
| Faculty: | Medicine |
| Supervisor: |  |
| Beginning Date of Visit |  |
| Concluding Date of Visit |  |
| Number of Days in Total |  |

**SALARY**

|  |
| --- |
| Self supporting: |
| External sources: |

**EMERGENCY CONTACT**

Please provide the name, address and telephone number of someone we can contact in case of emergency.