**Information letter**

#### **Documents to be sent BEFORE THE START OF THE MOBILITY PERIOD**

➢ Staff Mobility Agreement (Attachment. 1) containing the objectives, the expected learning outcomes, the activities to be carried out, the period of stay, the language in which the training activity will take place and, if possible, a timetable of activities; the document must be signed by both the head of the structure to which the candidate belongs and the head of the structure of the host Institute/Company

➢ Declaration of clearance to carry out the training internship abroad during the planned period signed by the Head of the structure at which the candidate serves

➢ To present form filled with the following information:

Sending Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty/Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of Department activities, including degree courses related to your Department:

|  |
| --- |
| MAX 300 words |

Specify the Mobility program:

□ ERASMUS

□ FORTHEM

□ Other mobility programs (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify the Mobility finance fund\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I declare that there is no financial burden on the receiving institution (DpT PROMISE, University of Palermo)

Planned period of the training activity (define three time preferences for your mobility):

1. from \_\_\_\_\_\_\_\_\_\_\_ till\_\_\_\_\_\_\_\_\_\_\_
2. from \_\_\_\_\_\_\_\_\_\_\_ till\_\_\_\_\_\_\_\_\_\_\_
3. from \_\_\_\_\_\_\_\_\_\_\_ till\_\_\_\_\_\_\_\_\_\_\_

Duration (days) – excluding travel days: \_\_\_\_\_\_\_\_\_\_\_ (max 3-5 days)

Language of training: □ ENGLISH □ ITALIAN

**Staff Members (maximum three from the same foreign institution)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Staff Unit |  |  |  |
| Last name (s) |  | First name (s) |  |
| Seniority[[1]](#endnote-1) |  | Nationality[[2]](#endnote-2) |  |
| Academic position |  | H index (if available) |  |
| E-mail |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 2nd Staff Unit |  |  |  |
| Last name (s) |  | First name (s) |  |
| Seniority[[3]](#endnote-3) |  | Nationality[[4]](#endnote-4) |  |
| Academic position |  | H index (if available) |  |
| E-mail |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 3rd Staff Unit |  |  |  |
| Last name (s) |  | First name (s) |  |
| Seniority[[5]](#endnote-5) |  | Nationality[[6]](#endnote-6) |  |
| Academic position |  | H index (if available) |  |
| E-mail |  | | |

Brief report on the following activities over the past 5 years:

- Work activities (Teaching areas carried out):

|  |
| --- |
|  |

- Research activities:

|  |
| --- |
|  |

- Funded research projects:

|  |
| --- |
|  |

Specify the main Visiting Objectives:

□ Research Area

□ Education/teaching Area

□ Administrative Area

Willingness to participate in shared research projects with the hosting Department:

□ Yes

□ No

□ No right now

Indicate the scientific area of interest, available in our department:

□ BIOCHEMISTRY

□ APPLIED BIOLOGY

□ PHARMACOLOGY

□ MEDICAL STATISTICS

□ MEDICAL GENETICS

□ CLINICAL PATHOLOGY

□ MICROBIOLOGY AND CLINICAL MICROBIOLOGY

□ PATHOLOGIC ANATOMY

□ INTERNAL MEDICINE

□ RESPIRATORY DISEASES

□ DISEASES OF THE CARDIOVASCULAR SYSTEM

□ GASTROENTEROLOGY

□ ENDOCRINOLOGY

□ NEPHROLOGY

□ BLOOD DISEASES

□ RHEUMATOLOGY

□ INFECTIOUS DISEASES

□ PEDIATRIC AND CHILDREN'S SURGERY

□ SKIN AND VENEREAL DISEASES

□ DIAGNOSTIC IMAGING AND RADIATION THERAPY

□ GENERAL AND SPECIALTY PEDIATRICS

□ CHILD NEUROPSYCHIATRY

□ GYNECOLOGY AND OBSTETRICS

□ ANESTHESIOLOGY

□ GENERAL AND APPLIED HYGIENE AND EPIDEMIOLOGY

□ FORENSIC MEDICINE

□ OCCUPATIONAL MEDICINE

□ GENERAL, CLINICAL AND PEDIATRIC NURSING SCIENCES

□ TECHNICAL SCIENCES OF LABORATORY MEDICINE

□ APPLIED DIETETIC TECHNICAL SCIENCES

□ APPLIED MEDICAL TECHNICAL SCIENCES

Indicate the degree programs of interest in our department:

□ PREVENTION TECHNIQUES IN THE ENVIRONMENT AND WORKPLACE

□ MIDWIFERY, in Italian

□ NURSING, in Italian

□ NURSING, in English

□ HEALTH CARE, in Italian

□ DIETETICS, in Italian

□ NURSING AND MIDWIFERY SCIENCES, in Italian

□ HEALTH PROFESSIONS AND PREVENTIVE SCIENCES, in Italian

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signatures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience). [↑](#endnote-ref-1)
2. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-2)
3. **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience). [↑](#endnote-ref-3)
4. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-4)
5. **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience). [↑](#endnote-ref-5)
6. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-6)