נספח 5

רשות המחקר

Application for Approval of Visiting Scientist

**1. Personal data**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family Name: | Click or tap here to enter text. | | | |
| Given name: | Click or tap here to enter text. | | | |
| Title: | Click or tap here to enter text. | | | |
| Date of birth: | Click or tap here to enter text. | | Sex:  male  female | |
| Passport number: | Click or tap here to enter text. | | valid until:Click or tap here to enter text. | |
| Nationality: | | Click or tap here to enter text. | | |
| Current Address: | | Click or tap here to enter text. | | |
| Permanent address in your home country: | | Click or tap here to enter text. | | |
| E-Mail: | | Click or tap here to enter text. | | Phone:Click or tap here to enter text. |
| Languages Spoken: | | Click or tap here to enter text. | | |
| Name and Place of Home Institution | | Click or tap here to enter text. | | |
| Emergency contact person and phone number: Click or tap here to enter text. | | | | |
| Do you receive a fellowship/grant for this stay?  Yes  No  If yes, please indicate the funding institution/sponsor:  Click or tap here to enter text. | | | | |

**Planned duration period:**

|  |  |  |
| --- | --- | --- |
| Duration in week(s): | Click or tap here to enter text. | |
| Within the period: | from: Click or tap here to enter text. | to: Click or tap here to enter text. |

|  |  |
| --- | --- |
| I have health insurance coverage for this period | Yes  No |
| You MUST provide health and accident insurance (travel insurance) covering at least the period of your stay at ORT Braude College | |

**3. Financial support**

If yes, please indicate the funding institution/sponsor: Click or tap here to enter text.

|  |
| --- |
| **The following documents have to be attached:**  CV with personal and educational data  Award letter/agreement (if you receive funding/fellowship/grant)  ***Note: Your application can only be considered if all required documents are attached!*** |

**4. Enclosures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.

Signature: Guest scientist

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text. Signature: Contact Person/Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text. Signature: Head of the Research Authority

**הטופס המלא למילוי נמצא ברשות המחקר**