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 ofHome 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 [ ]  NoIf 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**