



## Researcher's Personal details

## Research/Work proposal

Description of proposed activity during visit

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## Insurance

Yes ☐ No ☐

If the home institution provides the researcher with an accident and third party liability, professors/researchers must send a copy of the insurance to the hosting department.

If the home University doesn't cover the researcher/professor with accident and third party liability insurance, they must purchase the UNISI insurance

(<https://www.unisi.it/ateneo/lavorare-unisi/servizi-di-economato/assicurazioni> ("frequentatori esterni autorizzati") or another kind of private insurance.

## Research funding

The research period of \_\_\_\_\_ at the Department of \_\_\_\_\_  
\_\_\_\_\_ will be covered by the following financial support  
(*please write the amount of the financial support and the name of the Institution awarding it*)

\_\_\_\_\_  
\_\_\_\_\_

### Visitor's signature

Place and date: \_\_\_\_\_ Signature \_\_\_\_\_

### Home University/Institution

We confirm that the proposed working/research plan is approved

*Name and position of the contact person at the Home Institution (official stamp and signature)*

Signature \_\_\_\_\_ Place and date \_\_\_\_\_

### UNISI Department/Centre

We confirm that the proposed working/research plan is approved

*Name and position of the contact person at the University of Siena*

\_\_\_\_\_

Contact person's signature \_\_\_\_\_ Place and date \_\_\_\_\_

### Department's Director approval

Signature and stamp \_\_\_\_\_