

DATA OF THE SUPERIOR OR SUPERVISOR OF THE AUTHORIZING INSTITUTION OF ORIGIN

Institute of Origin:	
Country:	
Contact person/s in centre of origin:	
Position of the contact person/s:	
Telephone contact person in centre of origin:	
Email contact person in centre of origin:	

PERSONAL DATA OF THE AUTHORIZED VISITOR

Surname/s:	
Name:	
Passport /DNI/ NIE:	
Email:	
Research group at centre of origin:	
Grant or contract:	

Name and telephone of a contact person for Emergencies:

DATA ON THE STAY AT ICIQ

Research group or Unit at ICIQ:	
Purpose of the stay:	
Starting date of the stay:	
Finishing date of the stay:	
Non-consecutive days of stay if applicable: * maximum 5 non-consecutive days, consult if necessary	

And for the record, I sign this document,

Signed:	Name and Surname of the person authorizing:	
	City:	Date:
	Stamp of the Institution of origin:	

Note: ICIQ has accident insurance for its facilities, which covers the entire period of stay of personnel not bound by an employment contract with the center.

However, under no circumstances will ICIQ be responsible for health coverage for illness, repatriation or any other type of travel insurance coverage. Health care in the event of a work accident for personnel who collaborate with ICIQ must be procured by the institution of origin or by the person's own means. The signatory of this document declares that all the information contained in it is true and that the copies of the attached documents in digital format are the true and exact reflection of the existing documents signed in paper format. By signing this document, I declare that I have the legal authority to transfer the employee from the company/university indicated in the header of the document.