

REQUEST AUTHORITATION TO STAY AT CFM

First name:		
First name: Last name:		
Identity card: email:		
Degree:		
Work category/working position:		
Institution/Company:		
Period of stay requested: From (dd/mm/yyyy): To (dd/mm/yyyy):	
CFM Host:		
Requests authoritation to stay at CFM, (put an X in the appropriate option):		
1. Civil servants or employees in any company, on active duty, intendir time, keeping their remuneration in the corresponding administration or co		
 2. Recipients of grants not requested by the CFM, but whose activity degrant validity period) 	evelops in the CFM. (Maximum duration:	
 3. People who start preliminary work of the Doctoral thesis, but had not (Maximum duration: 12 months) 	been able to request predoctoral grants.	
 4. Students, undergraduate or already licensed, who want to do an in Master thesis. (Maximum duration: 12 months) 	ternship, End of Degree Assignment, or	
 5. Licensed, engineers, or equivalent who want to attend courses, semir PhD programs. (Maximum duration: expected time for its realization) 	nars and supervised research work in our	
6. People who request the learning of techniques. (Extended maximum du	ration: 12 months)	
7. People who, having finished the predoctoral grant, want or need to stay	at CFM. (Maximum duration: 12 months)	
Work to be performed or technique to learn:		

The applicant STATES that KNOWS and AGREES to the following conditions:

- a) Their stay at premises of the CFM has no meaning of workplace in the Superior Council of Scientific Research or in the University of the Basque Country, nor establishes any working relationship with such institutions.
- b) That must sign an <u>individual accident insurance policy</u> (in case of lack of coverage) and must have health insurance, of which the applicant shall be responsible for the management and payment. Compliance with these requirements shall be credited to the Administration of the Center.
- c) In the case of civil servants or employees of companies, an official letter from the administration or company where the applicant provides its services shall be attached, in order to justify this situation.
- d) In the case of recipients of grants or scholarships financed by public or private institutions, both national and foreign, an official document of the grant with the duration period and the financial entity shall be attached.
- e) That is committed to comply with the General rules of occupational risk prevention and always uses personal protective equipment appropriate to each activity. In case of not having the necessary protective equipment, the applicant commits not to carry out the activity and to inform about it to the responsible researcher.
- f) That the information to which the applicant has access or generates in the activity during the stay is property of the CFM and, therefore, confidential, and may not disclose it without the permission of the responsible investigator.
- g) That will make good use of the material and equipment that the CFM put at their disposal, complying the prevailing legislation, being liable for any damage caused by negligence or improper use.

The researcher responsible for the stay STATES that KNOWS and AGREES to the following conditions:

- a) That commits to ensure the applicant performs those tasks for which it has requested the stay, not performing tasks of structural nature.
- b) That is committed to inform the applicant about the existing work risks and to provide adequate means of protection.

In San Sebastián, on, 2	0
⁽¹⁾ Applicant signature	CFM's Host's signature
(1): Attach copy of Identity Card	