# Declaration of mobility form

Process this form as soon you arrive at the host institution. Fill the form in Word, print, sign and upload the PDF on your CoSP account.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **1. What is your name?** | |  |
|  | Surname |  |  |
|  | First name(s) |  |  |
|  |  |  |  |
|  | **2. Where are you seconded?** | |  |
|  | Host institution |  |  |
|  |  |  |  |
|  | **3. What is the duration of your secondment?** | |  |
|  | Begin date |  |  |
|  | End date |  |  |
|  |  |  |  |
|  | **4. Who is the representative at the host institution?** | |  |
|  | Surname |  |  |
|  | First name(s) |  |  |
|  |  |  |  |
|  | **Declaration** | I, the seconded researcher, confirm that I arrived at the host institution and that I fulfil my secondment obligations. |  |
|  | **Signatures** |  |  |
|  | Researcher |  |  |
|  | Host |  |  |
|  | Date |  |  |
|  | Place |  |  |
|  |  |  |  |