# Declaration of mobility form

Process this form as soon you arrive at the host institution. Fill the form in Word or in capital letter and send a PDF on your ECOCEP account. For further information, please visit <http://ecocep.cuni.cz/>. For questions, please contact us at <ecocep@fsv.cuni.cz>.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **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 am arrived at the host institution and that I will fulfil my secondment obligations. |  |
|  | **Signatures** |  |  |
|  | Researcher |  |  |
|  | Representative |  |  |
|  | Date |  |  |
|  | Place |  |  |
|  |  |  |  |