



DOCUMENT 5

INFORMATION ON HOSTING ORGANISATIONS

(to be filled in typewritten only)

The host organizations are kindly requested to complete this information form legibly in English, French or German and to send it by email to the national co-ordinator **before October 31, 2009 at the latest.**

Also the following information should be considered:

The acceptance of two candidates can have several advantages for the hosts themselves and for the professionals who in that case should preferably have different nationalities.

Following discussion with the participant(s), the host organization agrees on sending by email to the participant(s) a written and detailed draft version of the individual programme before the deadline set up by HOPE.

1. Organization

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2. Name of the Chief Executive/General Director

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3. Full address and short description of location in terms of country/region/major cities

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4. Tel (international codes as well)

Fax

E-mail

5. Type of organisation

6. Number of beds (for hospitals)

7. Short description of services provided

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What will be the price the professional will have to pay for meals/day?

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Need for specific health insurance coverage in case of accident/illness. Tick box

- European Health Card accepted
- Private Insurance advised
- Host organization insurance
- Other

12. Person in charge of the scheme (designated by the host):

Name

Position

Tel

Fax

E-mail

Mobile

Experience in previous HOPE /Foreign exchanges:

- as coordinator: Yes No
- as participant: Yes No



Best way to contact the participant during the exchange period

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Place and date

Signature of the Chief Executive/General Director