



INTERNATIONAL ATOMIC ENERGY AGENCY (IAEA)  
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## APPLICATION FOR A SCIENTIFIC VISIT

Note: This form cannot be used to apply for a training course nor for a fellowship.

### INSTRUCTIONS

#### PLEASE READ CAREFULLY

The IAEA requires **two** completed copies of this form for each applicant nominated. Please type or print in ink.

Section 1-9	To be completed by the applicant.
Section 10	To be completed by registered medical practitioner.
Section 11:	To be completed by the applicant and his supervisor.
Section 12:	To be completed by the designated certifying official of the nominating Government.

BEFORE SIGNING, PLEASE BE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED. COMPLETE FORMS CAN BE PROCESSED MORE RAPIDLY THAN INCOMPLETE ONES.

The IAEA application forms for scientific visits must be submitted to the Agency  
**through governmental channels**  
and priority is given to requests associated with projects of direct benefit to the Member States.

#### Notes

To qualify for a scientific visit:

- the candidate must have worked for **at least five years** in the field in which the visit is requested, and should hold an **appropriate advisory or management position**;
- the duration should be up to a maximum of two weeks;
- **paragraphs 6 and 8** should be completed in **English**. If a visit to a French or Spanish-speaking host country is requested, an **additional translation in the respective language** should be provided by the applicant.



## APPLICATION FOR A SCIENTIFIC VISIT

Note: This form cannot be used to apply for a training course nor for a fellowship.

If the proposed training is project related, give IAEA project code:        / /  
and title:

### 1. PERSONAL DATA

<input type="checkbox"/> Female <input type="checkbox"/> Male Family name: (as in Passport) First name: <b>Complete mailing address (office):</b> Inst. Name:  Street: P.O. Box:                      Post Code: Town/City: Region/District: Country: <b>Airport/town nearest to residence:</b>	Date of birth: Place of birth: Nationality: Passport No.: Date of issue: Place of issue: Valid until: Telephone (office): Telephone (home): Fax: e-mail: Web Page: Emergency Phone no.:	Recent photograph of candidate
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### 2. PRIVATE ADDRESS

### 3. EDUCATION (commencing with first university degree)

	Years attended		Name and place of institution	Field of study & Diploma/degree
	from	to		

### 4. KNOWLEDGE OF LANGUAGES

	Read			Write			Speak			Understand		
	Good	Ave- rage	Not easily	Good	Ave- rage	Not Easily	Good	Ave- rage	Not Easily	Good	Ave- rage	Not Easily
Mother tongue:												
Other languages												

### 5. RECENT EMPLOYMENT RECORD

Years of service		Name and place of employer/organization	Title of position	Type of work
from	to			

### 6. DESCRIPTION OF WORK

Describe in detail (in 200 words) the work you have been doing during the past 3 years (Please attach list of any material you may have published)

**7. PREVIOUS PARTICIPATION IN AN IAEA ACTIVITY:**

Have you participated in a previous IAEA activity? If yes, please list each activity below:

**8. PRIMARY OBJECTIVES TO BE ACHIEVED BY THE PROPOSED TRAINING**

a) Outline in at least 200 words the detailed programme of training you require:

b) If the scientific visit is linked to a Technical Co-operation Project, outline in at least 200 words the roles foreseen by the supervisor or project counterpart upon the applicant's return, and how the training will be of value to meeting the needs of the project objectives:

**9. HOST COUNTRY(IES)**

a) Indicate the country or countries you would like to visit. The Agency reserves the right to select the appropriate country of training.

b) If you are acquainted with the proposed host country or countries, list the institution(s) you would like to visit. If known, indicate also the names of the individual(s) under whose direction you would like to work.

c) Indicate how much time you could devote to the visit, and the period when you would be available to undertake the visit (please keep in mind it may take several months from submission of application to finalise arrangements). Indicate any period when you would *not* be available.

**10. MEDICAL CERTIFICATE**

I, as a qualified medical doctor, hereby certify that I have examined the above candidate and found him/her in good health, free from infectious diseases and able physically and mentally to carry out any relevant duties away from his/her home.

Date

Name (printed) and signature of examining physician

11. I hereby certify that the statements made by me in this application are true and complete. If selected for a scientific visit, I undertake to:

- (a) Conduct myself at all times in a manner compatible with my status as a recipient of an IAEA scientific visit;
- (b) Spend the full time during the period of the award as directed by the supervising agency in the country of study and by the IAEA;
- (c) Refrain from engaging in political and commercial activities;
- (d) Submit a report in accordance with the requirements of the IAEA;
- (e) Return to my home country at the end of the visit and work in my country for a period of at least two years in the field of peaceful uses of atomic energy;
- (f) Accept no remuneration other than the travel grant and the salary which is paid to me by my own Government or Institution nor render any services against payment or other form of remuneration;
- (g) Inform the IAEA whenever there are changes in my status or availability that will affect the terms of my IAEA scientific visit.

BEFORE SIGNING PLEASE BE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED

Date

Signature of applicant

Date

Signature of supervisor

12. The Government of

is cognizant of the principles and rules pertaining to IAEA-supported scientific visits and nominates the applicant (family and first name(s)):

for a scientific visit in (specify topics):

and, noting the responses given by the applicant to the questions above, gives assurance that:

- (a) All information supplied by the applicant is complete and correct;
- (b) After completion of the visit, the applicant will be offered a suitable position in order to permit him/her to work in his/her country for a period of at least two years in the field of peaceful uses of atomic energy;
- (c) In case the applicant is already employed, his/her salary will continue to be paid throughout the period of the visit;
- (d) The applicant will be paid all expenses relating to his/her passport, visa, medical examination and other incidental expenses;
- (e) All medical costs not covered by insurance which are incurred during the visit due to illness or injury will be met by the Government;
- (f) No facts are known to the Government regarding the reliability and character of the applicant which would obstruct giving him/her access to nuclear installations or institutions where ionizing radiation is used.

Date

Signature of certifying Government official

Name and title of official (typed or printed)