# Declaration of Linkage to the Sending Institution

|  |  |
| --- | --- |
| Sending Institution Name |  |
| Sending Institution Address |  |
| Staff Member Name |  |
| Staff Member Surname |  |
| Type of seconded staff member (Early Stage Researcher, Experienced Researcher, administrative, managerial or technical staff) |  |

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has been actively engaged in/linked to research and innovation activities on a full-time basis for the last 6 months at the above named sending institution and will be reintegrated after the secondment is completed.

Signature:

Name:

Date:

Position at Sending Institution