



UNIVERSITÀ  
DEGLI STUDI  
FIRENZE

**(on letterhead of the Department)**

**AFFILIATION FORM <sup>1</sup>**

**For Visiting Professors hosted at University of Florence**

(Rector Decree n°.... of.....)

I, the undersigned, as a Visiting Professor of the University of Florence understand and agree to the following:

1. The University of Florence promotes the visit of highly qualified professors, researchers and scholars, belonging to foreign universities, research or higher education institutions.
2. During his/her visit at the University of Florence, the Visiting Professor commits him/herself to:
  - a) carry out his/her work activities according to the teaching and/or research plan agreed upon with the Host Department;
  - b) respect all national/internal rules regarding safety in the workplace<sup>2</sup>, security of databases, ethical code, as well as administrative and accounting organization procedures;
  - c) stipulate a policy covering adequate health coverage valid also in Italy, before the start of the activity at the University of Florence;
  - d) submit a report of his/her work and findings to the Host Department at the end of his/her visit at the University of Florence;
  - e) mention the University of Florence among his/her affiliations, when results from research work executed in whole or in part at the University of Florence are published, even after the conclusion of the visiting period.
3. During his/her visit at the University of Florence, the Visiting Professor is guaranteed:
  - a) workplace and equipment inside the Host Department;
  - b) access to the computer facilities of the University;
  - c) access to University libraries;
  - d) access to the university canteens provided by the authorized regional authorities;
  - e) accident and third party liability insurance, while exercising his/her institutional activities.

The Visiting Professor acknowledges that he/she must be subjected to health surveillance, where it is necessary in view of the evaluation of the activity carried out and has to acquire the necessary training in the field of safety, if not achieved in the country of origin and / or not responding to their profile of risk.

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<sup>1</sup> This Affiliation Form is signed upon arrival of the Visiting Professor at the UNIFI Host Department

<sup>2</sup> Dlsg. n. .81/2008; D.M. 368/98; University Regulations for the safety and health of workers in the workplace



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I hereby also authorize the University of Florence to publish a report on the activities carried out at the Host Department and my contact details (i.e. name, surname, home institution) in its official website.

Name of the Visiting Professor

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Florence, \_\_\_\_\_(date)

For the University of Florence

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(Head of the Host Department)

Florence, \_\_\_\_\_(date)

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(Professor/Researcher in charge at the Host Department)

Florence, \_\_\_\_\_(date)