

FORM H1 - INFORMATION ON HOSTING ORGANISATIONS

The host organisations 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 31 October 2021 at the latest.

The following information should also 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 organisation 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.

GENERAL INFORMATION	
Organisation	
Name of the Chief Executive/ General Director	
Full address and short description of location in terms of country/region/major cities	
Tel (international codes as well)	+
Fax	+
E-mail	
Type of organisation	
Number of beds (for hospitals)	
Short description of services provided	

EXCHANGE POSTS	
Number of exchange posts available	
Specific candidate profile requested	
Language(s) accepted Please indicate as well if basic knowledge of the official language of your country is required.	

ACCOMMODATION	
The host organisation will provide decent accommodation on a free basis. Please tick the appropriate box(es) and indicate some details on the accommodation and bathroom facilities.	
Individual room	<input type="checkbox"/>
Shared room	<input type="checkbox"/>
Individual room with shared facilities	<input type="checkbox"/>
Hospital Campus	<input type="checkbox"/>
Hospital room	<input type="checkbox"/>
University/Student Room	<input type="checkbox"/>
Hotel	<input type="checkbox"/>
Apartment/Cottage	<input type="checkbox"/>
Estimated time to host hospital	<input type="checkbox"/> up to 15 min <input type="checkbox"/> up to 30 min <input type="checkbox"/> up to 1 hour
Need to use public transport	<input type="checkbox"/> Yes <input type="checkbox"/> No
Host takes on transport charges in case of national meeting(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Host takes on accommodation charges in case of national meeting(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
What will be the price the professional will have to pay for meals/day?	

INSURANCES	
Need for specific health insurance coverage in case of accident/illness. Tick box	
European Health Card accepted	<input type="checkbox"/>
Private Insurance advised	<input type="checkbox"/>
Host organisation insurance	<input type="checkbox"/>
Other	<input type="checkbox"/>

PERSON IN CHARGE - CONTACT	
Person in charge of the scheme, designated by the host	
Name	
Position	
Tel	+
Fax	+
Mobile	+
E-mail	
Best way to contact the participant during the exchange period	
Experience in previous HOPE/foreign exchanges	
As co-ordinator	<input type="checkbox"/> Yes <input type="checkbox"/> No
As participant	<input type="checkbox"/> Yes <input type="checkbox"/> No

Place and date

Name and signature of the
CEO or General Director



HOPE EXCHANGE PROGRAMME
FOR HOSPITAL AND
HEALTHCARE PROFESSIONALS

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HOPE – *European Hospital and Healthcare Federation*
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THESE DOCUMENTS ARE ALSO AVAILABLE ON HOPE'S WEBSITE www.hope.be