

### HOPE EXCHANGE PROGRAMME FOR HOSPITAL AND HEALTHCARE PROFESSIONALS

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## FORM P2 - DECLARATION OF THE CANDIDATE AND COMMITMENT

# THE APPLICATION FORM P1 IS ONLY VALID IF ACCOMPANIED BY FORM P2 DECLARATION AND COMMITMENT

Applicants and their employers must be fully aware of the legal and administrative implications of the Exchange as they are mentioned below and also acknowledge that they have discussed and planned the content and objectives of the applicant's programme so that its benefits are enhanced.

By signing this joint declaration, the applicant and employer acknowledge this commitment.

1.	Employer's and applicant's commitment
Please explain what you and your organisation would like to gain from participating in this exchange programme (e.g., outline the agreed specific areas of interest/projects/ objectives). Any statements must be approved by the employer.	

HOPE – European Hospital and Healthcare Federation sg@hope.be



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#### 2. Applicant's declaration

I understand and accept the conditions for my possible participation in the 2024 HOPE Exchange Programme.

I agree that if I withdraw for an unacceptable reason (after having been selected), I will be prohibited from applying for a next HOPE Exchange Programme.

During the exchange period, I will continue to be paid by my own employer. I also understand that I will be required to complete the full attachment of four weeks (from 13 May to 9 June 2024) apart from public holidays in the host country. I, in agreement with my employer, will undertake to meet the costs of my travelling and training (including the Agora fee), except for my accommodation that will be offered on a free basis. I will take part in the theoretical and practical training organised by the host. I will also attend the HOPE Agora from 7 to 9 June 2024 included, and which is considered as part of the training. I will 4respect the local culture, traditions and different perspectives adopted by my host country and submit a report to HOPE no later than 31 July 2024.

My employing authority has confirmed its agreement to my possible participation in the HOPE Exchange Programme on the basis of this declaration.

Place and date

Name and signature of the applicant

Name and signature of the Immediate Manager

Name and signature of the Chief executive

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