

**APPLICATION FOR AFFILIATION AS RESEARCHER
(INCL. IT-SUBSCRIPTION) AT THE DEPARTMENT OF HEALTH, MEDICINE AND CARING
SCIENCES (HMV)**

Application requirement for affiliation as a researcher is a completed doctoral degree.

New application (3 years with a possibility of extension), state starting date: _____

I have a LiU-ID: _____

New Application (shorter period), state period: _____

Extension of current affiliation, state LiU-ID: _____

Time period
(max 3 years):

Applicant's data

First name	Surname	Title	Social security number
Phone no	E-mail, home address		Current employer
Year of doctoral degree/University		Associate Professor (Docent) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Application for affiliation within the following field:	ORCID	I have incidental employment that may affect the affiliation <input type="checkbox"/> Yes <input type="checkbox"/> No	

My planned collaboration with LiU/Department of Health, Medicine and Caring sciences (HMV) is performed within (multiple checks allowed):

Research collaboration:

Education/teaching on graduate level

State programme:

Education/teaching on advanced level or postgraduate level

Other:

Department data (to be filled in by the department)

There is an organizational requisite to connect the applicant as an Affiliate to LiU <input type="checkbox"/> Yes <input type="checkbox"/> No	The applicant's credentials have been reviewed and approved <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Decision of Head of Division to approve affiliation and assign IT decision account according to the above information, and signature of the attached agreement on affiliation

Date	Signature Head of Division, state division	Name clarification
------	--	--------------------

STATE DESIRED IT-SUBSCRIPTION

- Large 16 400 kr/year excl. OH
 Medium 3 600 kr/year excl. OH
 Small 1500 kr/year excl. OH

Invoice information – IT-subscription will be invoiced to current Employer

Invoice adress	Contact person	Reference/cost center of Employer Cost center/project activity H MV
----------------	----------------	--

The applicant's signature

I understand and agree to follow the terms of the attached affiliation agreement

Date	Applicant's signature	Name clarification
------	-----------------------	--------------------

The employer's consent to the affiliation, and signature of the attached affiliation agreement

Date	Employer's signature	Name clarification
------	----------------------	--------------------

The Head of the Department's decision to approve affiliation, and signature of the attached affiliation agreement

Date	Signature, Head of Department	Name clarification
------	-------------------------------	--------------------

The Dean's decision to approve affiliation, and signature of the attached affiliation agreement

Date	Signature, Dean	Name clarification
------	-----------------	--------------------

The application is sent to the account manager at relevant division

Ella Engström	VS	ella.engstrom@liu.se
---------------	----	--