

VISITOR FORMS

INFORMATION TO BE COMPLETED Full name: ID/NIE/PASSPORT: Date birth: Profile (specify): Project or projects: Motivate description of the stay at CREAF: Task: Office Laboratory Group and supervisor or area head Arrival date: Departure date: Landline phone: Mobile phone Email: Home institution: (University/Institut/Center)

A EMPLENAR PER SECRETARIA DE DIRECCIÓ:

Despatx assignat:

Ordinador assignat:

Your personal data is protected according to current legislation on personal data protection. The data controller is CREAF, NIF Q5850011G, and your data will be processed to respond to your request via this form. The data will be retained as long as the purpose for which it was collected remains valid. Your personal data will not be transferred to third parties or other recipients, except as legally required, and will not be subject to international transfer.

Entregades Claus núms.:

You may exercise your rights to access, rectification, portability, and erasure of your data, as well as to restriction and objection to its processing, by sending an email to the Data Protection Officer of CREAF (dpo@creaf.uab.cat). If you consider that the processing does not comply with current regulations, you can file a complaint with the Catalan Data Protection Authority via its electronic headquarters, and direct any queries to dpo@creaf.uab.cat.



DOCUMENTATION TO BE ATTACHED:

- Grant resolution for the stay at CREAF.
- Authorization from the home institution for the stay.
- Acces authorization form for CREAF.
- Insurance covering the entire stay period.
- Civil Liability Insurance: AThis insurance covers potential material or personal damages caused by the visitor to third parties during their stay at CREAF. It is not the same as medical insurance; it is intended to ensure coverage in case of accidents or unintentional damage to other people, facilities, or equipment.

- Copy of ID/NIE/Passport

- Passport-style photo.

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