***Work-Plan Shadowing program for facility staff***

**(2-3 pages long)**

**To the Mobility Program Coordinator committee**

Place, date: Town (Country), Day of Month of 202x

**Applicant name (First, Last):**

**Home Imaging core facility:**

**Position:**

**For how long have you been working at your imaging facility?**

**Imaging technologies and related services you are expert in:**

**Please describe in few words (max. 200) your current tasks at your imaging facility:**

**Name and country of the Host imaging facility you are applying to:**

**Brief explanation of the choice for the Facility (*including a description of the Facility expertise and link to the web, max 250 words*):**

**What kind of job shadowing are you most interested?**

**Requested budget (*specify in detail the foreseen travel expenses and the subsistence costs)*:**

**Please, describe in few words (max. 200) your expectations about this shadowing job**