

GUIDE FOR IAEA SCIENTIFIC VISITORS



IAEA
International Atomic Energy Agency

1. Scientific visits are awarded to candidates who hold an appropriate advisory or management position. The duration of the visits is up to two weeks in a maximum of two countries. Scientific visits usually form an integral part of the implementation of a technical cooperation project in a development field of high national priority, or are awarded on an individual basis as a direct contribution to the human resource development of the country's atomic energy programme.
2. The programme for scientific visits is established by the IAEA in cooperation with the host countries, and the exact duration and dates of any visit will depend on the decision of the host government. Candidates are requested to take steps in good time to obtain all necessary visas. It should be noted that **it is the exclusive responsibility of the scientific visitor to obtain visas, including transit visas if necessary**. The IAEA should be informed immediately of any changes in the contact information provided in the nomination form (mailing address, phone number and e-mail).
3. All communication relating to the scientific visit should be addressed to the **relevant** IAEA Division:

| IAEA Divisions |
|-----------------------------------|
| Division for Africa |
| Division for Asia and the Pacific |
| Division for Europe |
| Division for Latin America |

| Mailing Address | Telecontacts |
|---|---|
| Department of Technical Cooperation International Atomic Energy Agency PO Box 100, 1400 Vienna, Austria | Tel: +43 1 2600 Fax: +43 1 26007 E-mail: Official.Mail@iaea.org |

4. Regular correspondence should be addressed to the relevant Programme Management Assistant and should always include the full name and scientific visit code number.
5. The dates of scientific visits must be programmed according to the convenience of the host country authorities and the institutes to be visited. The dates agreed to by the host countries for the scientific visit usually cannot be changed without causing a long delay or even cancellation of the visit. Any requests by the candidate for postponement of visits or schedule changes after a visit programme has been prepared by a host country must be accompanied by a legitimate explanation endorsed by the candidate's institute.
6. A scientific visitor will receive (i) a prepaid ticket at the lowest logical fare in economy class or a lump sum payment in lieu of a prepaid ticket for the journey in question, and (ii) a travel grant to cover accommodation, meals, internal travel (by train, bus or taxi) and other incidental expenses (like airport fees, books or excess baggage). The scientific visitor must manage his/her expenditure within the limits of the travel grant provided as any additional expenses cannot be reimbursed.
7. Should the flight schedule force the scientific visitor to make a stopover en route, the costs in connection with accommodation and food during the stopover are his/her own (or his/her Government's) responsibility. The scientific visitor should, therefore, carry sufficient money for such instances. Attention is drawn to the practice followed by most international airlines that will usually cover the cost of accommodation in the case of forced stopovers.
8. The travel grant is paid in full prior to departure by electronic bank transfer to a personal bank account; only in exceptional cases can the funds be transferred through a United Nations Development Programme (UNDP) office in the visitor's home country or country of residence.

9. The scientific visitor is required to send a report on the visit (as per template available in Annex 1) by electronic mail within one month after the completion of the visit. A pdf of the used boarding passes should be sent together with the report.

10. **Liability:** The IAEA holds a Public Liability Policy. This policy covers legal liability which the IAEA shall become liable to pay in respect of claims made against the insured for compensation for loss or damage to property or bodily injury or illness (fatal or non-fatal) to persons caused by a negligent act, error or omission of the assured or any person or persons for whose acts, error, or omission they may be responsible. In addition, the policy provides that indemnity will be granted to cover the IAEA's liability for training scientists at the Laboratories of Member States including the liability of trainees.

11. **Medical insurance:** All scientific visitors are provided with medical insurance by the IAEA at its own expense, under a policy with Cigna International Health Services BVBA. Information on the terms of this insurance can be found in a document called [Frequently Asked Questions](https://www.iaea.org/sites/default/files/18/01/cigna.pdf) (<https://www.iaea.org/sites/default/files/18/01/cigna.pdf>). This insurance should cover most personal medical expenses in the event of accident or illness, but does **not**, however, cover the medical expenses of family members. According to the terms of this insurance policy, the visitor must first pay hospital and medical bills, and then submit the original bills with proof of payment to Cigna International Health Services BVBA in Belgium using the [Cigna Group Medical Insurance Scheme claim form](https://www.iaea.org/sites/default/files/18/11/cigna-medical-claim-form.pdf) (<https://www.iaea.org/sites/default/files/18/11/cigna-medical-claim-form.pdf>) (also attached as Annex 2). Reimbursement will be prompt. Medical bills should not be sent to or via the IAEA.

12. The complete itinerary for the scientific visit, including addresses of the host institutes and contact points, will be sent to the visitor as soon as agreement has been received from all host governments concerned.

13. The IAEA does not arrange hotel accommodation, except, **if requested**, for scientific visits taking place in Vienna, Austria.

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| REPORT ON A SCIENTIFIC VISIT |
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|---|---------------------------|
| 1. Name of scientific visitor: | Click here to enter text. |
| 2. Scientific visit code number: | Click here to enter text. |
| 3. Address of scientific visitor in host country: | Click here to enter text. |
| 4. Start date of programme in host country: | Click here to enter text. |
| 5. End date of programme in host country (including internal travel, if applicable): | Click here to enter text. |
| 6. Name and full address of the institution where the visit took place: | Click here to enter text. |
| 7. TC project number: | Click here to enter text. |
| 8. Name of TC project counterpart: | Click here to enter text. |
| 9. Describe the major elements of the visit (training received, meetings with host officials, research work undertaken, etc.): | Click here to enter text. |
| 10. Give your assessment of value of the visit for your future work in your home country: | Click here to enter text. |
| 11. What is your present position? Briefly describe your present duties and responsibilities. | Click here to enter text. |
| 12. In order to improve the administration of the TC scientific visit programme, please provide your comments and suggestions on the following points: | |
| (i) Suitability of the host institution chosen for the visit: | Click here to enter text. |
| (ii) Suitability of the visit programme undertaken and quality of the guidance received: | Click here to enter text. |
| (iii) Quality and adequacy of the facilities made available during the visit: | Click here to enter text. |
| (iv) Accommodation arrangements: | Click here to enter text. |
| (v) Assistance received from the IAEA: | Click here to enter text. |
| (vi) Assistance received from home and/or host authorities: | Click here to enter text. |
| 13. Any other comments: | |

Click here to enter text.

To be signed and dated by the scientific visitor (SV).

Date: Click here to enter text.

Signature of SV:



FELLOWS / TRAINEES

MEDICAL CLAIM FORM

1. Please write clearly in black ink and **BLOCK CAPITALS**.
2. This claim form contains personal data. Please don't share this with members outside your family.
3. Please complete a separate claim form for each patient and for each currency.
4. Return this form with original invoices (no staples) to:
Cigna, P.O. Box 69, 2140 Antwerpen, Belgium

Name plan member

Personal reference n° /

Organisation

PATIENT

Name

Date of birth D M Y **Gender** M F

Address

Telephone

Email

Project no.

Period of contract D M Y

CLAIM INFORMATION

Is the claim (partially) related to an accident? No Yes Yes, work related
 If yes, also complete the [Notification of accident form](#).

Is the claim covered by another insurance? No Yes
 If yes, specify the amount and the insurance company and include the insurance statements (settlement notes, invoices, etc.)

Amount and currency **Insurance company**

| Currency | Amount | Invoice date | Nature of expenses | Diagnosis |
|----------------------|----------------------|--|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | D <input type="text"/> M <input type="text"/> Y <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | D <input type="text"/> M <input type="text"/> Y <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | D <input type="text"/> M <input type="text"/> Y <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | <input type="text"/> | Main country of treatment | <input type="text"/> | |

PAYMENT INFORMATION - COMPLETE ONLY IN CASE OF CHANGE

Mail cheque to **Name**

Address

Bank transfer **Preferred currency of reimbursement**

The currencies are limited by the contract. If this currency is different from that of your bank account, your bank could charge you fees at your expense.

Name account holder

Account n° or IBAN

BIC/Swift code **Bank ID**

Full bank name and address

In view of a smooth administration of the contract and/or settlement of the insurance claim, and only for that purpose, I hereby give my specific and informed consent regarding the processing of the medical data concerning myself and/or the members of my family article 7 of the Belgian law of December 8, 1982 concerning the private life, I certify that the above information is to the best of my knowledge and belief correct and true. The issuance of false claims, the provision of misleading information or the withholding of information related thereto is an offence punishable by Law. The information provided on or attached to this form may be disclosed to other persons or entities for the purpose of processing this claim and performing medical insurance plan administration.

Date D M Y

Signature of the plan member