

# Guide for IAEA Technical Cooperation (TC) Scientific Visitors



**IAEA**  
International Atomic Energy Agency  
*Atoms for Peace and Development*

1. Scientific visits are organized for senior staff holding an advisory or managerial position/role, with at least five years of experience in the relevant field, and who will have at least of five years continuous service in their current position in their country. The duration of the visits is up to two weeks in a maximum of two countries. Scientific visits 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 (change of name, mailing address, phone number, and e-mail).
3. **All communication should be addressed to the relevant Programme Management Assistant** and should always include the scientific visitor's full name and event number. General contact information can be found below:

<b>IAEA Divisions</b>
Division for Africa
Division for Asia and the Pacific
Division for Europe
Division for Latin America and the Caribbean

<b>Mailing Address</b>	<b>Telecontacts</b>
Department of Technical Cooperation International Atomic Energy Agency PO Box 100, 1400 Vienna, Austria	Tel: +43 1 2600 Fax: +43 1 26007 E-mail: <a href="mailto:Official.Mail@iaea.org">Official.Mail@iaea.org</a>

4. 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.
5. 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 daily subsistence allowance (DSA) to cover accommodation, meals, local transportation (by train, bus or taxi) and other incidental expenses (like airport fees visa costs 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. Should the scientific visitor shorten their visit, outstanding funds must be returned to the IAEA.
6. Should the flight schedule require a necessary stopover while travelling, 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 necessary stopovers.

7. The daily subsistence allowance (DSA) 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.
8. 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 to the IAEA's Programme Management Assistant. A PDF of the used boarding passes should be sent together with the report.
9. **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.
10. Scientific visitors are strongly discouraged from taking any family members to stay with them during the period of the scientific visit.
11. **Medical insurance:** Scientific visitors outside their home countries are provided with medical insurance by the IAEA at its own expense, under a policy with Cigna International Health Services BVBA ("CIGNA"). 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, scientific visitors must first pay hospital and medical bills themselves, and then submit the original bills with proof of payment to CIGNA in Belgium.** They will be reimbursed promptly. In case of an in-patient hospitalization, i.e. a hospital admission including at least one overnight stay, CIGNA can arrange for direct billing with the care providers. Medical bills must be sent directly to CIGNA. Instructions can be found in the [Guide for Cigna Group Medical Insurance Scheme](#). A sample [Medical Claim Form](#) is attached as Annex 2.
12. **COVID-19:** Scientific visitors are required to adhere to the national, local and/or host authorities' Covid-19 measures and guidelines on how to contain the spread of coronavirus infections.
13. **Medical Certificate Form.** A medical certificate of good health signed by a registered medical practitioner dated not more than four months prior to the start date of the scientific visit must be submitted for all candidates over the age of 65, regardless of the event duration. The scientific visitor should undergo a medical examination one to three months prior to the start of the visit and send the medical certificate to the IAEA's Programme Management Assistant before departure (Annex 3).
14. **Occupational Exposure History (OEH) Form.** In case the scientific visit involves occupational exposure to radiation, you are requested to fill out and send the OEH form to the IAEA's Programme Management Assistant by closely following the guidelines provided (Annex 4). This form should not be older than six months prior to the start date of the event. The IAEA will provide you in due course with a dosimeter to monitor your occupational exposure during the visit.
15. **Designation of Beneficiary and Emergency Contact Form.** All scientific visitors are requested to fill out, sign and send the Designation of Beneficiary and Emergency Contact Form to the IAEA's Programme Management Assistant before departure (Annex 5).
16. 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.
17. The IAEA does not arrange hotel accommodation, except, **if requested**, for scientific visits taking place in Vienna, Austria.

**ANNEX 1: REPORTING TO THE IAEA BY SCIENTIFIC VISITORS**

<b>REPORT ON A SCIENTIFIC VISIT</b>
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**NOTE:** Submission deadline is **one month after event completion**. Kindly submit this report to the IAEA’s Programme Management Assistant.

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

<b>13.Any other comments:</b>

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

<b>Date:</b>		<b>Signature of SV:</b>	
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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, 1992 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

516.00 Rev. 04/11/11

### **ANNEX 3: NOTE TO FEMALE IAEA SCIENTIFIC VISITORS**

Any woman engaged by the IAEA for work or training should notify the IAEA on becoming aware that she is pregnant.

The Board of Governors of the IAEA approved International Basic Safety Standards for Protection against Ionizing Radiation and for the Safety of Radiation Sources. The Standards deal specifically with the occupational exposure conditions of female workers by requiring, inter alia, that a female worker should, on becoming aware that she is pregnant, notify her employer in order that her working conditions may be modified, if necessary. This notification shall not be considered a reason to exclude her from work; however, her working conditions, with respect to occupational exposure, shall be adapted with a view to ensuring that her embryo or foetus be afforded the same broad level of protection as required for members of the public.

**ANNEX 4: MEDICAL CERTIFICATE**



**MEDICAL CERTIFICATE**

Name of the candidate (please print or type): \_\_\_\_\_

Date of birth: \_\_\_\_\_

I, as a qualified medical doctor, hereby certify that I have examined the above named candidate and found him/her in good health, free from infectious diseases, and able physically and mentally to carry out any relevant duties away from his/her home.

Full name and address of examining physician (please print or type):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature and stamp of the examining physician: \_\_\_\_\_

Date of examination: \_\_\_\_\_



**Instructions:** A medical certificate of good health, dated not more than four months prior to the starting date of the event, should be submitted in the following cases:

- For events with a duration exceeding one month;
- For all candidates over the age of 65, regardless of the event duration.

The certificate should be:

- completed by a registered medical practitioner after a thorough clinical and laboratory examination (a chest X-ray should be included only if clinically indicated);
- sent to the responsible administrative contact in the Department of Technical Cooperation **prior to** the start of the event.

### **Guiding questions for the medical examination**

1. If the candidate has been under treatment during the last three years, please describe the treatment and the present status of the disease(s).
2. What medications are regularly taken by the candidate and what is the reason for each?
3. What is the candidate's normal blood pressure?
4. Is the candidate in good health and able to work at full capacity?
5. Is the candidate able physically and mentally to participate in intensive training away from his/her home?
6. Is the candidate free from infectious diseases (for example tuberculosis or trachoma) which could present risks for the applicant or people with whom he/she will be in contact during his/her period of training?
7. Does the candidate have any medical condition which might require treatment during his/her period of training?
8. Are there any abnormalities indicated by the chest X-ray?

## OCCUPATIONAL EXPOSURE HISTORY FORM

<b>Candidate's Name</b>	
<b>Employer</b>	

<b>Event Title</b>	
<b>Event Number</b>	
<b>Venue</b>	
<b>Dates</b>	<b>From:</b> _____ <b>To:</b> _____

Are you covered under an individual monitoring programme in your country?     YES     NO

If yes,

- Starting date of the individual monitoring (mm/yyyy): .....
- please fill in the applicable fields below:

Quantity	Unit reported	Value during the previous five calendar years	Value during the current calendar year
<b>Effective dose<sup>(1)</sup></b>			
<b>Equivalent dose to the lens of the eyes</b>			
<b>Equivalent dose to the extremities or to the skin</b>			

<b>OEH data provided or confirmed by<sup>(2)</sup>:</b>	<b>Name:</b> .....
	<b>Responsibility:</b> .....
	<b>Signature:</b> .....

**Candidate's Signature:** .....

**Date<sup>(3)</sup>:** .....

<sup>(1)</sup> Effective dose due to external AND internal exposure. If another quantity is reported, please indicate name and unit.

<sup>(2)</sup> The OEH data is to be provided or confirmed by the radiation protection officer, the candidate's supervisor, or the provider of the individual monitoring service.

<sup>(3)</sup> This form should not be older than six months before the date of the event.

**ANNEX 6: DESIGNATION OF BENEFICIARY AND EMERGENCY CONTACT FORM**

**DESIGNATION OF BENEFICIARY AND EMERGENCY CONTACT FORM**

**Event Number:**

**Designation of beneficiary**

I, ..... born on .....  
*(Family Name, First Name)* *(Date, Month, Year)*

revoking any and all previous designation of beneficiary made by me concerning funds that are or may be owed to me by the International Atomic Energy Agency (IAEA), do now designate the beneficiary or beneficiaries named below, to whom I authorize and direct the IAEA to pay at my death any money standing to my credit.

**Required Information of Each Beneficiary**

Name	Age	Relationship	Share to be received
1.			%
2.			%
3.			%

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of the deceased beneficiary or beneficiaries who may predecease me shall be distributed equally among surviving beneficiaries, or entirely to the survivor. If none survive me, then the entire amount shall go to my estate.

I hereby specifically reserve the right to revoke or change any beneficiary at any time in the manner and form prescribed by the IAEA, and without the knowledge or consent of the beneficiary.

**Designation of Emergency Contact**

I hereby provide my consent to the IAEA to contact the belowmentioned person in case of emergency.

<b>Name:</b>	
<b>Telephone number: (Include Country Code)</b>	
<b>Email address:</b>	

.....  
*(Date)*

.....  
*(Signature)*