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| --- | --- | --- |
|  | | NAME  JOB TITLE  Our Ref: DATE/NUMBER |
| 15_LONG_N CARES_CamCreate-01-01 | |
|  |  |  |
|  | Name |  |
|  | Address |  |
|  |  |  |
|  | 10 November 2016 |  |
|  |  |  |

Dear [Name]

## **Visitor’s Letter**

We are pleased to welcome you as a visitor to the Cambridge Centre for Advanced Research and Education in Singapore (“CARES”).

This letter (“the Visitor’s Letter”), together with the Standard Terms and Conditions for Visitors which are enclosed or linked, sets out the terms of the agreement between you, your employer or home institution (if applicable) and CARES whilst you are engaged in any activity on CARES premises.

**Your details:**

| **Name** |  |
| --- | --- |
| **Title** |  |
| **Residential Address while in Singapore** (not Department address) |  |
| **Home Address**  (not Department address) |  |
| **Description** (eg visiting researcher) |  |
| **Place where activities will be carried out in CARES** (eg. Lab 1, Lab 2, offices) |  |
| **Supervisor or key contact within CARES** |  |
| **Activities** | **As set out in Schedule A** |
| **Start Date** |  |
| **End Date** |  |
| **Hours of access to CARES**  (Hours and Days per week) |  |
| **Your Employer/Home Institution** (if any)  (including contract address) |  |
| **Details of contact at your Employer/Home Institution** (eg your line manager) | Name  Position  Address  Email |
| **Standard terms and conditions for Visitors which apply:** *EITHER*  (a) independent or  (b)employee of third party | Attach relevant terms |
| *(for visitors from overseas)*  *Details of medical insurance or financial assurance as to payment of medical expenses* |  |

You are responsible for making any visa arrangements necessary for your stay in Singapore and ensuring that you comply with the requirements of the Singapore border control agencies at all times.

You are responsible for your own accommodation and travel, both financially and practically.

Agreement to your visit is subject to the Special Conditions below (if any) and may be withdrawn (or the visit curtailed) if any of such condition is not satisfied.

If you are willing to agree to the terms set out in this letter, the Special Conditions below and the Standard Terms and Conditions for Visitors referred to above, please sign and return a copy of this letter.

My colleagues and I are very much looking forward to your visit to CARES which we hope you will find enjoyable and productive.

**Special Conditions**: **[if any]**

***Optional conditions:***

* ***Bench fees*** [You/Your Employing Organisation/Home Institution] shall pay CARES the amounts set out in Schedule B for the Activities and in consideration for access to the CARES’ facilities. The amounts, methods and dates of payment are specified in Schedule.
* **Intellectual Property**  
  It is acknowledged that notwithstanding the provisions of Condition 20, any intellectual property created by you within CARES will be owned [by you/by your employer/by your Home Institution/by [XXXXX] in accordance with the terms of the funding of your research]. In the event of any intellectual property being created by you jointly with an employee or student of the CARES, that intellectual property will be owned jointly, the other joint owner being determined in accordance with the CARES agreement on Intellectual Property.
* **Expenses**  
  The University agrees that it will pay you the following expenses, provided the amounts are agreed in advance and subject to production of receipts, or such other evidence as the University may reasonably require.
* **Immigration**  
  During your time within the University it is your responsibility to ensure that you have the appropriate visa for your visit and that you comply with the terms of that visa at all times. The University reserves the right to terminate your Visitors Agreement forthwith should it determine that you do not have an appropriate visa to cover your activities within the University.

**Schedule A**

1. **THE ACTIVITIES**

**1.1**

***Schedule B [include if applicable]***

***Visiting Research Associate fees***

*Payable in consideration of the Visiting Research Associate’s supervised access to University facilities and in contribution to the cost of the Work.*

***CARES facilities:***

*1) Access to CARES……………………..*

***Fees payable:***

*£0000 Bench-fee*

*£0000 Equipment and consumables*

***Method of Payment:***

*[PLEASE INSERT DETAILS]*

**Signed**

**For and on behalf of Cambridge Centre for Advanced Research and Education in Singapore (CARES Director)**

Please sign and return one of the enclosed copies of this letter.

I confirm that I agree to the terms set out in this letter and the Standard Terms and Conditions for Visitors referred to above.

Signed -------------------------------------------- Date ---------------------------------

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Accepted for and on behalf of: [Include if Employed by a third party]*

***[INSERT NAME OF EMPLOYING ORGANISATION / HOME INSTITUTION****]:*

*Signature …………………………………*

*Date……………………………….*

|  |
| --- |
| CARES Ltd, 1 Create Way, CREATE Tower #05-05  Singapore, 138602 |
|  |
| Tel: +65 6601 5445+65 66015445 |
| Email: cares@hermes.cam.ac.uk |
| www.cam.ac.uk |