

# Facts and Figures of Potential Cooperation Partners

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## 1. Information of the contacting institution

### 1.1. Character of Institution

### 1.2. Name

### 1.3. Legal Status

### 1.4. Contact Details

#### General Address Details

Name of institution

Street, No.

Address

Postal Code

Town

Country

Email Address

Confirm Email Address



Teaching Programmes  
(Degree)

Other Training  
Programmes

Main Field of Research

Health Care Data

# of inpatients

# of outpatients

# of physicians(FTE\*)

\*full time equivalent

# of nursing staff(FTE\*)

\*full time equivalent

Main Fields of Health  
Care Activities

**2. Basic information on cooperation**

**2.1. Field of  
Cooperation**

**2.2. Level of  
Cooperation with  
Charité**

**2.3. Character of  
Cooperation**

**2.4. Form of  
Cooperation**

## 2.5. International Partners

1. Name of Institution  City  Country

Specification

2. Name of Institution  City  Country

Specification

3. Name of Institution  City  Country

Specification

4. Name of Institution  City  Country

Specification

5. Name of Institution  City  Country

Specification

## 3. Description of Cooperation

Project Description / objectives  [max 1400 characters]

Mission & Vision / Fields of Innovation  [max 700 characters]

Time Frame  [max 350 characters]

Aspects of Quality Assurance / Good Scientific Practice

[max 350 characters]

Description of Project Management

[max 350 characters]

Financial Resources, Funding

Is funding ensured?            Yes  
    No

Type of Funding

Benefits for the Charité

[max 350 characters]

### 3.7. Contact Details Project Coordinator

Academic Title

First Name

Last Name

Email Address

Confirm Email Address

Street, No.

Address

Postal Code

Town

Country

Institution

Website