

## **Coventry University Student Services Staff Mobility Week**

## **Application Form**

Family name:	
First name:	
Institution:	
Department/Unit/Office:	
Position:	
Contact email:	
Mobile phone:	
Nationality:	
Erasmus Code:	
Why would you like to attend, how will this benefit you?	
I am willing to provide a 3-5 minute presentation about my institution and the challenges faced in my role.	
Yes□ No□	
I understand that the participation fee must be paid 1 calendar month prior to the event.	
Yes □ No □	
Disclaimer:	
<ul> <li>We will confirm your place on 31/05/2019 please do not make travel arrangements until you have</li> </ul>	
	ation of your invitation.
	des the registration, accommodation and food and beverages outlined in the
itinerary. Meals o	utside of this time would be the responsibility of the participant.
Signature:	
Date:	
Once you have completed this form please email to <a href="mailto:infopoint.ss@coventry.ac.uk">infopoint.ss@coventry.ac.uk</a>	