



# UNTRAP

## Universities/User Teaching and Research Action Partnership

### CONTACT DETAILS

Title  
First Name  
Last Name  
Affiliation  
Address  
City  
Postcode  
Telephone  
E-mail

### YOUR MAIN INTERESTS

Please indicate your main interest:

Teaching Medical School Students   
Teaching Social Work Students   
Research   
Developing UNTRAP

### TRAINING IN TEACHING AND RESEARCH

Would you be interested in attending training workshops in teaching and research?

Yes   
No

## **FURTHER DETAILS**

Could you please send us paragraph about you areas of expertise and experience? Eventually, that will allow us to create a directory of expertise. If you have a CV, you may wish to send us that as well.

**Please return this form to the UNTRAP Coordinator,  
Warwick Medical School, University of Warwick,  
Coventry, CV4 7AL**