 **Visitor information request**

| **Name** |  |
| --- | --- |
| **Title** |  |
| **Residential address while in Cambridge** (if known, not Department address) |  |
| **Home address**(not Department address) |  |
| **Email address** |  |
| **Description** (eg visiting researcher) |  |
| **Supervisor within Chemistry Department****Room/Tel no.** |  |
| **Access hours required****Justification for out or hours access if required and member of staff accompanying you out of hours****Approximate number of hours you expect to visit the dept. for per week** | **General:** 8am - 6pm Monday - Friday **Out of hours:** Mon – Fri / weekends ……………………………………………………………………………………………………………… **Approx. …………………… hours per week** |
| **Activities** (if known) |  |
| **Start date** |  |
| **End date** |  |
| **Your Employer/Home institution** (if applicable, including contract address) |  |
| **Details of contact of your Employer/Home Institution** (if applicable, eg your line manager) | NamePositionAddressEmail |
| *(for visitors from overseas)**Details of medical insurance or financial assurance as to payment of medical expenses* |  |