

Application for participation in CoLabs of the COLOURS Alliance

Note: Please fill out the following form completely and send it to cospace.colours@upb.de. The information provided will help us plan your participation in the best possible way and make the correct allocation.

If your application is accepted, you will receive feedback in the form of a letter of assignment. Please do NOT book any flights or hotels beforehand.

For reimbursement after the trip, please complete the enclosed form ([travel expense report](#)) and submit it to Basel Myhub (basel.myhub@uni-paderborn.de, with cospace.colours@upb.de in CC) together with the original receipts/invoices for travel and accommodation as well as a signed confirmation of assignment (which you will receive upon selection) and a certificate of participation (issued by the respective COLOURS partner). Please keep all receipts and documents so that you can submit them after your trip. Before you book your trip and stay, you can find out what can be reimbursed here: [Travel-expenses](#).

Please note that you are not insured by Paderborn University while carrying out this external activity. Please make sure that you have appropriate insurance yourself.

Personal data

Name:

Field of study:

Address:

E-mail address:

Telephone number (optional):

Details of the CoLab

CoLab:

Attachments

Please submit the following documents as one single file with this PDF:

1. letter of motivation (approx. 200 words, preferably in English):

Please describe,

- your personal motivation for participating,
- what you can contribute to this CoLab,
- which tasks you will take on (e.g. participation in the CoLab program, contributing to CoLab through your expertise related to ...) and
- why you are the right choice to represent Paderborn University.

2. curriculum vitae:

An up-to-date resume that includes your relevant knowledge and experience.

Additional information (optional):

Special knowledge or skills:

Availability:

Declaration:

I hereby confirm that the information I have provided is complete and correct. I further confirm that I have read and understood the information above concerning the reimbursement.

Date:

Signature (digital or handwritten):