**Solid State and Elemental Analysis Unit: Laboratory Registration Form**

Print this form and complete as many details as possible, then bring it to your training session.

 **Select laboratory Select User Type**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ICP Laboratory (B36) |  | Undergraduate |  | Visiting Fellow |  |
| XRF Laboratory (G41) |  | Postgraduate |  | Academic Staff |  |
| XRD Laboratory (G65) |  | Postdoctoral |  | General Staff |  |
| Surface Analysis Laboratory (G61) |  | Research Fellow |  | External User |  |

|  |  |
| --- | --- |
| **User Information** | **Supervisor Information** |
| Title | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student/Staff Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | School/Organisation | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Work phone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mobile | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| School/Organisation | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I am already on the SSEAU Booking System: Y / N |

|  |  |  |  |
| --- | --- | --- | --- |
| **Training attended** |  |  |  |
| Training Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Radiation Safety Training | \_\_ |
| Trainer Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Risk Assessment Form | \_\_ |
| Instrument Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Safety Declaration Form | \_\_ |
|  |  | Other Forms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Account Details** | **Dept ID**  | **Fund** | **Budget Period** | **Project/Grant** |
| (Example entry) | MATSC&EN or CHSE  | RExxx | 2015 | RM012345 or PS12345 |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Date:** | **Technical Officer use only** |
| **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Registration No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Group Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(for Booking System)** |

**IMPORTANT** – This form will not be processed without your account details.

By signing this form you are agreeing to our access conditions for the laboratory. (1) You may not allow unregistered users into our laboratories without permission from the laboratory manager; (2) You agree to follow our safety procedures; (3) Instruments on our on-line booking system must be booked prior to use. Unused time should be unbooked to enable others to use the equipment. Users who consistently use less than 50% of their booked time may be charged for the full booking; (4) The SSEA Unit takes no responsibility for your samples, and they must not be left in the laboratory after your analysis, and users who consistently fail to clean up will lose access to the laboratory.