UNIVERSITY OF CAMBRIDGE
Department of Chemistry

Departmental Registration Form
Academic, Academic-Related and Research Staff, Postgraduate Students and Visitors

Section 1 - To be completed by all members of staff and visitors

Last Name:		First Name:	

Prof / Dr / Mr / Mrs / Miss / Ms

Name you are known by (if different):

Staff Category:
- Academic ☐
- Academic-Related ☐
- Contract Researcher ☐
- Post Graduate Student (Chemistry) ☐
- Visitor ☐

Nationality:		**Date of Birth:**	
UK National Insurance No:		**Dept Room No:**	
Dept Tel No:		**University E-mail Address:**	
College:		**Name of Supervisor/Host:**	

Cambridge Address (including postcode):

Names of Family member/s to contact (in case of emergency):

Name:	
Tel No:	

Home Tel No:		**Name:**	
Mobile Tel No:		**Tel No:**	

For Accounts Office use only:

Deposit paid   C / CHQ   Signature:

Date / Stamp by Accounts:

Section 2 - To be completed by Contract Research Staff

Start Date:		**End date:**	
Source of Funds:		**BY SIGNING THIS BOX, I CONSENT TO MY PHOTO AND PROFILE BEING DISPLAYED ON THE DEPARTMENT WEBSITE:**	

Will you be paid on University payroll or directly by your sponsor? (Please tick)   **University** ☐   **Sponsor** ☐

Section 3 - To be completed by Postgraduate Students registered in the Department of Chemistry

PhD ☐   MPhil ☐ | **Start Date:** | | **End date:** | |

BY SIGNING THIS BOX, I CONSENT TO MY PHOTO AND PROFILE BEING DISPLAYED ON THE DEPARTMENT WEBSITE:

Section 4 - To be completed by Visitors

Academic: ☐   Sabbatical ☐   Postgraduate student ☐   Erasmus-Socrates student ☐   Summer student ☐   Other ☐

Home Institution/Department:	
Start Date in Department:		**Intended Leaving Date:**	

UNIVERSITY OF CAMBRIDGE
Department of Chemistry

Mifare security access
Academic, Academic-Related and Research Staff, Postgraduate Students and Visitors

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Security – ALL

Basic access will be granted on completion of registration. This includes access to the two main entrances (West end Reception and Scott Polar), Library, Goods-in, Todd-Hamied, Basement inner ring (including male and female toilets), Scott Polar east end Mezzanine supervision area and scheduled access to NMR B28.

Please specify all areas for which Mifare card access is to be given*

…………………………………………………………………………….....................................

*Access to secure lab areas can only be permitted on production of this signed agreement

Is out of hours access, including weekends, to be given?   YES / NO

If so, is the individual aware of the rules for working out of hours?   YES / NO

To be completed for VISITORS ONLY:

We, the undersigned, agree that access may be permitted as above:

Agreed departmental host: Signature: ………………………………………… Date: …………………………

Print Name: …………………………………………………………………………..

Technician responsible for area: Signature: ………………………………………… Date: …………………………

Print Name: ………………………………………………………………………….

Please note: This information is held in a database and in the course of using University Mifare security cards for entering, leaving and moving within the Department, certain information is recorded. This information will be used only for safety and security reasons, unless the Department is required to make a disclosure on legal grounds.

This completed form must be returned in person to Rachael Jefferies / Emma Graham in the Department Administration Suite, Room 146, which is open Monday to Friday 9:30am - 12:30pm and 2.30pm - 4pm.

To be completed by the admin office:

Access Level: Academic   PDRA   PDRA Non Chem

                    PhD   Visitor

Signed……………………………………………………………………   Date……………………………………

To be completed by card issuer:

Card Number: ……………………………………………………………………

Activation Date……………………………………………………………….

Signed……………………………………………………………………………