

APPLICATION FOR USE OF CMN CLEAN ROOM FACILITIES.



Part One:

To be completed by the applicant's supervisor/PI

User Details

Forename(s):	<input type="text"/>
Surname:	<input type="text"/>
Position:	<input type="checkbox"/> RA <input type="checkbox"/> PhD Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="text"/>
Email address:	<input type="text"/>
Student/Staff Card Number:	<input type="text"/>
University IT Username	<input type="text"/>
Department:	<input type="text"/>
Location:	<input type="text"/>
Supervisor:	<input type="text"/>
Start Date for CMN Access:	<input type="text"/>
Expected End Date of Access:	<input type="text"/>
Funding Charge Code	<input type="text"/>
Funding Task Code	<input type="text"/>

Submission of this form constitutes agreement to pay the appropriate cleanroom access charges. Contact Dr. Ernie Hill (e.w.hill@manchester.ac.uk) with any queries.

Approval

Signature of Supervisor/PI:

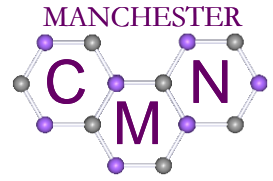
Date of signing:

(Electronic signatures are acceptable)

Return form to Alexander Lincoln
Room 110, IT building.
Alexander.Lincoln@Manchester.ac.uk

Part Two

To be completed at the induction by applicant and person carrying out induction



Date of Induction

Date of certification for
"Use of Clean Room
Facilities" process

By signing this declaration, I understand and agree to the terms and local rules regarding activities within the clean room and IT Building, and will adhere to them

Signature of user

Date of signing

Name of inductor

Signature of inductor

Date of signing

Return form to Alexander Lincoln

Room 110, IT building.

Alexander.Lincoln@Manchester.ac.uk