

## SCHOOL OF CHEMICAL SCIENCES -ACCESS CARD REQUEST FORM

1. All details are needed before access can be granted (incomplete forms can not be processed)
2. Submit completed form to the Chemical Sciences Reception (Level 5) to be issued an access card.
3. If you have an access card issued by any other faculty in the University, you can use that card for access to Chemistry. Write your access card number at \*\* and state which faculty issued the card originally.

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

UoAID \_\_\_\_\_ Staff/Student/PostDoc \_\_\_\_\_

Access Card Number \*\* \_\_\_\_\_ **Degree/Position**-----'

Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Email Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_

### Access Requested (Students/Pos!Docs):

1. Please tick beside the group in which you will be working (if unsure, leave blank)
2. Please tick beside any additional access you may need.

NOTE: NMR access can be given only after NMR training is completed. Contact Michael Schmitz on [m.schmitz@auckland.ac.nz](mailto:m.schmitz@auckland.ac.nz) for arranging training.

Have you completed NMR training at UoA? Y / N

Access Required		Additional Areas	
<input type="checkbox"/>	Level 7 Organic/Medicinal Chemistry West Wing Labs	<input type="checkbox"/>	Ground Floor Teaching Laboratory
<input type="checkbox"/>	Level 7 Organic/Medicinal Chemistry Middle Labs	<input type="checkbox"/>	NMR
<input type="checkbox"/>	Level 7 Organic/Medicinal Chemistry East Wing Labs	<input type="checkbox"/>	Wine Science- Tamaki Campus (Specify- group 7 or 8)
<input type="checkbox"/>	Level 6 Inorganic West Wing labs	<input type="checkbox"/>	Building 733- Tamaki Campus
<input type="checkbox"/>	Level 6 Inorganic Middle labs	<input type="checkbox"/>	Photon Factory
<input type="checkbox"/>	Level 5 Food Science lab	<input type="checkbox"/>	Microfabrication facilities
<input type="checkbox"/>	Level 5 Physical lab	<input type="checkbox"/>	
<input type="checkbox"/>	Level 4 Light Metals	<input type="checkbox"/>	
<input type="checkbox"/>	Level 4 East Offices	<input type="checkbox"/>	
<input type="checkbox"/>	Level 2 labs (Please specify room number)	<input type="checkbox"/>	
<input type="checkbox"/>	Basic access to offices	<input type="checkbox"/>	

### DECLARATION:

I hereby acknowledge that the information I have supplied is correct and that I have read and understand the following conditions of use, and will abide by these conditions:

- The card is for my own personal use and cannot be given to others
- Should I misuse the card, I will forfeit the card and any access it grants
- I will produce the card, and/or surrender it, at any time, if requested by any Unisafe Officer
- If I lose the card I will immediately report the loss to Security and Chemistry Reception
- I will **RETURN** the card to the issuer (Chemistry Reception) when no longer required

Signature \_\_\_\_\_ Date-----

OFFICE USE ONLY

Group: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Expiry Date: \_\_\_\_\_