

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

Inductively Coupled Plasma (B36)	Undergraduate	Visiting Fellow	
X-Ray Fluorescence (G41)	Postgraduate	Academic Staff	
X-ray Diffraction (G65)	Postdoctoral	General Staff	
Spectroscopy (G31)	Research Fellow	External User	
Surface Analysis (G61)	Other: _____		

User Information

Surname _____
 Student/Staff Number _____
 Work phone _____
 Mobile _____
 Given Name _____
 Email _____
 School/Organisation _____
 Projects _____

Supervisor Information

Name _____
 School/Organisation _____
 Phone Number _____
 Fax Number _____
 Email _____

Training attended

Training Date _____ Radiation Safety Training _____
 Trainer name _____ Risk Assessment Form _____
 Instrument _____ Safety Declaration Form _____
 Other Forms _____

Account Details	Dept ID	Fund	Budget Period	Project/Grant
(Example entry)	MATSC&EN	RExxx	200x	RMO/PS

Date: _____	Technical Officer use only
Signature: _____	Registration No
Name: _____	Group Name