CSEC Personnel Information

Title:	Initials:	
Surname:	First Name:	
Room:	School:	
Email:		
Telephone:	Position:	
Start Date:	End Date:	
aff Number:	UUN:	
CSEC Lab(s):		
Local Home Address: Post Code: Phone Number:		
Local Home Address: Post Code: Phone Number: hergency Contact		
Local Home Address: Post Code: Phone Number: Dergency Contact Name:		
Local Home Address: Post Code: Phone Number: Dergency Contact Name:		
Local Home Address: Post Code: Phone Number: ergency Contact Name: Address:		

Supervisor's Name:	School:
Co-Supervisor's Name:	School:
CSEC Contact:	School:

Are ۱	ou carrving ou	t experimenta	work in CSEC?	Yes 🗆	No 🗌
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If YES, please indicate below if your work involves the use of:

Neutrons or other nuclear radiation:	
X-Rays:	
Laser Light:	
Chemical Hazards:	
High Magnetic Fields:	
Cryogenic fluids (e.g. liquid N ₂ , He):	
Gases from cylinders:	
Other sources or potential hazards:	
(please state)	

If you intend to use any of the above you will be required to attend the relevant University safety course(s) and/or in-house training and complete any required safety forms **<u>before</u>** carrying out any work. <u>Please contact Prof K Kamenev (Room 3.3802) or Dr Steve Hankin (Room 2.2809A) for information.</u>

Declaration

I confirm that the information I have provided is correct and that I have received, read and understand the CSEC Safety Information. I also agree to comply with the University computing regulations.

Date:	
Print name:	
Signature:	

Note that the below section is optional – please leave it blank if you prefer not to answer. Occasionally CSEC is asked to give usage statistics based on gender, ethnicity, and nationality, and it is useful for us to collect that data here.

Gender:			
Minority Ethnicity:	Yes 🗆	No 🗆	(tick as appropriate)
Nationality:			