

**Local / UNIX Id. Application Form**

Please complete in  
BLOCK CAPITALS

FOR OFFICE USE ONLY – please do not write in this section			
Identifier	UID	Group name	Date registered
	GID		Reference number

Name	
Title	Initials
Surname/last name	

Work place	
Address or DL room no.	
Telephone/Ext.	
Email address	

Daresbury Laboratory affiliation	
If you are working on an SRS Beam-Time Application ( <b>you must be named on this application</b> ), please state the Application number and the name of the Principal Investigator	
If you are not working on an SRS Beam-Time Application and you are not Daresbury staff, please state affiliation and the name of your Daresbury contact	
If you are at Daresbury now, where may we contact you?	

<b>Which computer(s) do you need to use?</b>	
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DECLARATION	
<p>I agree to abide by the conditions defined in the Daresbury Laboratory Computer Users Code of Conduct and the JANET Acceptable Use Policy. A copy of both documents is available via the URL <a href="http://www.dl.ac.uk/Computing/coc/main.html">http://www.dl.ac.uk/Computing/coc/main.html</a> and the Daresbury Computer Helpdesk.</p> <p>I agree to abide by all licence agreements regarding the use and copying of certain software on Daresbury Laboratory Computers.</p> <p>I agree that my name, address and telephone number may be stored on a computer at Daresbury Laboratory.</p>	
Signed	Date

VALIDATION	
<p>This application must be countersigned by your Line Manager/Supervisor, SR Station Manager or CCP secretary</p> <p style="text-align: center;"><b>I confirm this applicant requires access to the computers requested</b></p>	
Signed	Date
Name (in caps.)	Position