**User Registration Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Given Names |  | | |
| Family Name |  | | |
| Title |  | | |
| Position at Reading |  Staff  Postgraduate Student funded internally  Postgraduate Research funded student  Undergraduate Student  other | | |
| Position if not at Reading |  | | |
| Supervisor if student |  | | |
| School/Organisation |  | | |
| Email address |  | | |
| Contact Telephone |  | | |
| Contact address if not  University member |  | | |
| Brief description of research  area |  | | |
| CAF Facilities of Interest |  | | |
| Previous outline of  previous experience |  | | |
| Expected end date |  | | |
| I understand that I will need to undertake training and familiarise myself & comply with the rules & Health and Safety procedures & agree to be bound by the CAF user NDA before using the  facilities | Signature of User and Date | | |
| Account funded |  Internal  EU  FEC  Other (please specify) | | |
| Please provide at least one account code which will be used for CAF charges. |  | Full Account Code | Authorising signature |
| A |  |  |
| B |  |  |
| C |  |  |
| If the user is a student, their supervisor must sign to give approval for the use of CAF Facilities | Signature of Supervisor and Date | | |

* All users of the CAF facilities must be registered. After registration, the technician lead will be in contact to arrange any training and to discuss your requirements. For facility details go to  [www.reading.ac.uk/caf](http://www.reading.ac.uk/caf)
* This form should be returned to the CAF, **J.J.Thomson Physical Laboratory, University of Reading, Whiteknights, Reading RG6 6AF**
* **Please note** Postgrads funded internally and Master research students will be charged the annual £200 facility access fee. If facility are blocked booked the annual fee does not apply. Undergraduates will not be charged. Research H funded projects will be charged hourly regardless of status. Please contact the responsible person for details.

*Version 2.19*