Registration for Laboratory Users
CEE001

Student/staff/researcher ______________________________

Student/staff number ______________________________________________________

Mobile phone number ______________________________________________________

Email ______________________________________________________

Type
☐ Staff
☐ Undergraduate/Postgraduate Coursework
☐ Postgraduate Research
☐ Other

Registration number ______________________________________________________

Tentative Project Completion Date

Supervisor/s ______________________________________________________

Laboratory ______________________________________________________

Do you have any medical condition that may impede your ability to safely work in a laboratory?
☐ Yes
☐ No

Does the work of the student/staff require Health Monitoring or Immunisation (Supervisor to complete according to related guidelines)
☐ Yes
☐ No

Approval:

Academic Supervisor ___________________________ Signature/Date ___________________________

Laboratory Manager ___________________________ Signature/Date ___________________________