

CIS registration: Visitor Campus Card

Please note as soon as this form is processed any current CIS facilities will be withdrawn. Therefore you must back up any files/email that you require BEFORE submitting this form.

Refer to the instructions on the reverse BEFORE completing this form.

SECTION A Please complete in BLOCK CAPITALS				
Title	Surname	Date of Birth		
Forename(s) in full				
Department / Institution			Telephone	
Term Time / Temporary Address				
			Telephone	
Permanent Address (if different from above)				
			Telephone	
Email				
SECTION B Status (Please indicate which status below best describes your current relationship with the University)				
✓				
<input type="checkbox"/>	Official Visitor			
<input type="checkbox"/>	Retired Staff			
<input type="checkbox"/>	Member of another educational institution Name of Institution: Status: <input type="checkbox"/> Staff <input type="checkbox"/> Research PG <input type="checkbox"/> Taught PG <input type="checkbox"/> Full-time UG <input type="checkbox"/> Part-time/distance learning UG <input type="checkbox"/> 6 th Form SCONUL access scheme: BAND: Expire Date:			
<input type="checkbox"/>	County Durham and Tees Valley NHS employee			
<input type="checkbox"/>	Other (Please specify):			
SECTION C (Please indicate facilities requested: a charge may be made for Library borrowing privileges).				
<input type="checkbox"/>	Library reference access only			
<input type="checkbox"/>	Library borrowing privileges	<input type="checkbox"/> six months <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years		
<input type="checkbox"/>	Departmental Access (Please Specify)			
SECTION D Agreement				
I agree that my use of The University of Durham Campus Card will be in accordance with the Regulations of the University. (see https://www.dur.ac.uk/cis/campuscards/ and http://www.dur.ac.uk/library/)				
Signature _____ Date _____				
SECTION E Authorisation for account				
I confirm that the information given above is correct. I support this application by the above-named person for a University of Durham Campus Card.				
Name _____ Signature _____				
Position _____ Department _____ Date _____				
For CIS / Library use				
Joined by		Date	Expire date:	Patron type:
Username Given		Card Number		
Call Ref Num		Card Issued	Yes	No.

GUIDELINES FOR COMPLETING THIS FORM

Data Protection: Information from this form will be stored in machine-readable form.

This form is to be used by official visitors to the University requiring a Campus Card and by individuals requesting ongoing access to Library facilities.

SECTION A

Please complete your personal details in this section. ID will be required when handing in completed form or collecting campus card.

Only complete term time/temporary address if different from permanent (home) address.

SECTION B

Official Visitor / Retired Staff:

Complete this section if you are an official visitor to a department or college, a retired member of staff who does not have a CIS account, or if you are on the fees paid payroll.

Member of another Educational Institution:

Complete this section if you are a member of another Educational Institution. Please give the name of the Institution and tick your status.

NHS employee:

Complete this section if you are an NHS employee working in County Durham and Tees Valley.

Other:

Tick this section and specify your status, e.g. Durham resident.

SECTION C

Library reference access only:

Tick this option if you require a Campus Card to enter the Library for reading access only.

Library borrowing privileges:

Tick this option if you are applying for a Campus Card to enter the Library and borrow books. Details of fees charged are available from the Library web site www.dur.ac.uk/library/

Departmental Access:

Tick this option if you require a Campus Card to gain access to specific departments or buildings, please specify which department.

SECTION D

If the account is being applied for in advance then the supervisor of the applicant can sign this section.

The general regulations of the University can be found in the Staff and Student handbooks.

Also see Campus Card and Library regulations at:

www.dur.ac.uk/cis/campuscards/

www.dur.ac.uk/library/

SECTION E

Library Access: The form must be authorised by an approved member of staff of the University Library.

Departmental Access: This form needs to be authorised by the Department Budget Centre Officer.

ON COMPLETION

To gain authorisation from Library send to: Bill Bryson Library, Stockton Road, Durham, DH1 3LE

Once the form has been authorised by the relevant person please return it to the IT Service Desk, Bill Bryson Library, Stockton Road, Durham DH1 3LY. You will be advised when it will be possible to obtain your Campus Card.

If you have any queries relating to the completion of this form, please contact the IT Service Desk:

Telephone: 0191 334 1515

Email: itservicedesk@durham.ac.uk