

Application for a Username for a Non-Paid Associate

Please note that fields marked with an * are mandatory.

Title: _____ ***First name:** _____

(Prof, Dr, Mrs, Ms, Mr etc)

***Surname / Family name:** _____

***School / Department:** _____

***Contact for return of account details:** _____

***Date of Birth**

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National Insurance number

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***Ethnic Origin** _____

***Nationality** _____

***Country of Birth** _____

***Reason for application:**

Staff at franchised institution External Examiner

Teacher from NHS Agency staff

Visiting Lecturer Other (please specify)

If any extra facilities are needed please complete a Requirements Form (Available from Reception)

Signature of Head of School/PU or nominated deputy: _____

Print Name _____

Expiry date (default is 12 months): _____

For LSS use only

Employee number

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Username

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Printed sheet returned to School contact by: _____

Date: _____