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| Nominator Name: | | Position: | |
| Email: | | Phone: | Date: |
| **Please select one of the following categories that best corresponds to the nominee’s position:** | | | |
|  | Staff | | |
|  | Adjunct | | |
|  | Affiliate | | |
|  | Student MU (PhD, Masters, Honours) | | |
|  | Student External (PhD, Masters, Honours) | | |
|  | Work experience or short-term visitor | | |
|  | Visitor from other institution accessing equipment resources only\* | | |
| **Information and Details** | | | |
| Staff / Student title: | |  | |
| Nominee’s first name: | |  | |
| Nominee’s last name/surname: | |  | |
| Institutional affiliation if applicable? | |  | |
| Nominee’s residential/institution address? | |  | |
| Nominee’s email address? | |  | |
| Photo: (please insert at least 600 x 600 pixels, Max 1200 x 1200 pixels) | |  | |
| Preferred seating location: (Inc level & desk Number)? | |  | |
|  | | Is this space currently occupied by a person or entity? | |
| Is there a requirement for a space allocation change or modification? | |  | |
| Nominee will be based in College/Discipline: | |  | |
| If student, PhD, Masters or Honours? | |  | |
| Collaborator, supervisor, or line managers’ name? | |  | |
| Who is responsible for day-to-day activities and training records (usually the supervisor listed above)? | |  | |
| Incoming person and supervisor / nominator is aware of the need to complete all Murdoch Safety in Research and Teaching requirements prior to starting work? | |  | |
| Shadow in Lab until fully trained? | |  | |
| Proposed start date? | |  | |
| Length of appointment? | |  | |
| Nominee’s proposed research/activities: | |  | |
| Please clarify what resources the nominee will require (such as, IT access, desk space, use of a computer, etc.) | |  | |
| Staff / Student and Nominator / supervisor is aware that all space and resources occupied / consumed may be charged for? | |  | |
| Please note that space in building 390 is shared functional space. Dedicated space is set aside as functional shared space. Researchers must be aware that dedicated bench space for personal or limited group use is not normally possible. | | | |
| Building access will be determined and applied pending induction. | | | |
| **Signature Nominator (electronic signature preferred):** | | **Signature…………………………………………………Date ……………** | |

\*\* note for visitors using equipment only or short-term work experience there is no need to gain approval from any of the Centre heads or PVC’s .

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| **APPROVALS\*\*** | | |
| **Head of Centre Authorisation** | | |
| **Name:** | **Date………………** | **Centre name………………………** |
| **Signature (electronic signature preferred)……………………………………..** | | |
| **PVC of institute notified by Head of Centre YES / NO** | | |
| **Submit Application** | | |
| * Please email this form [B390\_Operational\_Committee@murdoch.edu.au](mailto:B390_Operational_Committee@murdoch.edu.au) | | |
| **PLEASE NOTE** | | |
| * Please note the HFI Building Operations Committee meet monthly, three – four weeks’ notice of applications is appreciated. If you require an urgent approval, please state this in your email. * All persons working, studying or providing services MUST complete the induction process after access approval has been granted using this form. | | |

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| * BOC Approval number (This will be needed for Induction) | Office use only |