

Academic Registry

Information Technology Services

Library Services

**Application to Access LJMU Facilities from a Member of Staff at a Collaborative Partner Institution**

Please write clearly and in capitals. Full details must be entered for registration to be completed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | Surname: |  | First Name: |  |
| *(This* ***MUST*** *be your full name as recorded legally)* | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Middle Names: |  | Known As:  *(Preferred first name)* |  | Date of Birth: |  |

|  |
| --- |
| Your Email Address: |
| Click or tap here to enter text. |
| Home Address: (including postcode) *(Mandatory – required to confirm identity)* |
| Click or tap here to enter text. |
| Name of Partner Institution: |
| Click or tap here to enter text. |
| Institution Address: *(Please include campus name, if applicable)* |
| Click or tap here to enter text. |
|  |



Click above to add ID photo

|  |
| --- |
| Position held at Institution: |
| Click or tap here to enter text. |
| LJMU Validated Programme(s): |
| Click or tap here to enter text. |
| I agree to abide by LJMU rules and regulations (If you don't have a digital signature, please print form and sign) |

Digital Signature:



|  |  |  |  |
| --- | --- | --- | --- |
| Please select one of the options below to choose how to receive your new staff ID card: | | | |
|  | | | |
| I will collect my card from the following LJMU Library  *(Please tick as appropriate)* | Aldham | Avril | Marsh |
|  |  |  |
| Please post my card to my Institution address  *(Please tick as appropriate)* | | |  |

*Teaching and Administrative Staff*

Please send your applications, together with a photograph to:

Academic Registry, LJMU, 1st Floor, Exchange Station, Tithebarn Street, Liverpool, L2 2QP

Or email your application to [collaborativeprovision@ljmu.ac.uk](mailto:collaborativeprovision@ljmu.ac.uk)

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