

WJY ITCMR Access Registration Form (Please send the completed form to itcmr_enquiry@hkbu.edu.hk)

Applicant (full name): Dr/ Mr/ Ms / Miss/ Mrs _____
Post Title: _____ Email: _____
Staff ID / Student ID / HKID: _____ Contact Number: _____
Supervisor (full name): _____
Post Title of the Supervisor: _____ Supervisor's Email: _____
Programme Leader (Department) / Company: _____
Project Title: _____

After-Office Hours Access (from 6:00 pm to 11:00 pm on working days):

Yes (Proceed to Part A and Part B)

No (Proceed to Part A only)

Part A: Normal Office Hour Access

Important notes:

1. Access to WJY ITCMR laboratories and use of WJY ITCMR equipment is governed by the WJY ITCMR General User Policy, for which the applicant and his/her supervisor are required to abide by.
2. The applicant must have completed the required laboratory safety orientation course offered by the Estates Office – Campus Safety and Facilities Management Section of HKBU, as well as the safety briefing(s) offered by WJY ITCMR.
3. The applicant is not allowed to use other WJY ITCMR equipment in the laboratories unless s/he is authorized by the respective departments that manage the equipment.
4. The applicant is not allowed to bring any unauthorized personnel into the laboratories.
5. If the application for normal office hour access is approved, the applicant will be granted access at normal office hours.
6. This form shall be submitted to WJY ITCMR together with **an electronic copy of the applicant's staff card or student card or HKID AND the photo (JPG, JPEG or PNG format) of the applicant.**

Terms and Conditions

1. Users and their supervisors are required to abide by the rules set out in the WJY ITCMR General User Policy.
2. Users are responsible for any information update and notify WJY ITCMR at their first convenience.
3. WJY ITCMR reserves the right to amend the WJY ITCMR General User Policy when deemed necessary. Users and their supervisors should refer to the WJY ITCMR website for the latest revision (to be arranged).

I agree to the Terms and Conditions.

Applicant's signature: _____ Date (YYYY/MM/DD): _____

Supervisor Endorsement

1. Users and their supervisors are required to abide by the rules set out in the WJY ITCMR General User Policy.

2. Upon submission of this form, the supervisor and the home department/ the Programme Leader/ the company of the applicant agree to hold the ultimate responsibility for the safety of the applicant when accessing WJY ITCMR laboratories. Further, the applicant and his/her supervisor note that any willful disobedience of the safety regulations and/or misuse/damage of any instrument may result in permanent denial of entry into these laboratories and access to WJY ITCMR equipment.
3. The supervisor is liable for the cost of equipment/ platform usage, overtime usage, no-show penalty, training, consumables, technical support, repairing and/or replacement of damaged equipment resulting from misuse by the users.
4. The supervisor is responsible for informing the user of the university and/or departmental safety policies and/or company safety policies, as well as the potential hazards and safety precautions of each experiment.
5. The supervisor should ensure that the user abides by all rules and/or conditions as stipulated in the WJY ITCMR General User Policy.
6. The WJY ITCMR reserves the right to amend their respective Terms and Conditions when deemed necessary.
7. Users and their supervisors are **required to acknowledge WJY ITCMR as “Wu Jieh Yee Institute of Translational Chinese Medicine Research, HKBU” in their publications.** Please inform us via email: itcmr_enquiry@hkbu.edu.hk.

I agree with the above and grant the user approval to use WJY ITCMR laboratories.

Supervisor's signature: _____ Date (YYYY/MM/DD): _____

Part B: For After-Office Hours Access (Please refer to clause 2.2 of the WJY ITCMR General User Policy)

Important notes:

1. If the application is approved, the applicant will be granted after-office hours access (*i.e.*, from 6:00 pm to 11:00 pm on working days, in addition to the already-granted normal office hours access).
2. **Work alone must not be allowed during after-office hours.** The applicant should be accompanied by another personnel who has been granted access to the laboratory area with Programme Leader approval or departmental approval.
3. Upon submission of this form, the supervisor and the home department/ the Programme Leader/ the company of the applicant agree to hold the ultimate responsibility for the safety of the applicant when accessing WJY ITCMR laboratories.
4. For internal users, after-office hours access may only be granted for a **maximum of 3 months** beginning from the approval date, after which a new form shall be submitted for extension of access.

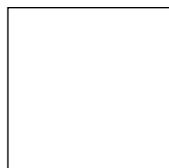
*Please refer to clauses 1.2 to 1.4 of the WJY ITCMR General User Policy for the user categories.

Applicant's signature: _____ Date (YYYY/MM/DD): _____

Supervisor's signature: _____ Date (YYYY/MM/DD): _____

Programme Leader's signature (for collaborator): _____ Date (YYYY/MM/DD): _____

Department Stamp (for internal user):



For Official Use	
Date of form receipt:	
Approval by the Director / Deputy Director of WJY ITCMR:	
Date of approval:	
Access card number granted:	
Remarks:	