

This form is designed to be completed electronically and submitted via email. Please ensure that all relevant sections (highlighted in red) are completed. Failure to complete all necessary information will result in the form being rejected and access being delayed.

APPLICANT TO COMPLETE THIS SECTION

Title:		Surname:			
Forename:		Preferred Name:			
Personal Tel No:		Personal Email:			
Work Tel No:		Work Email:			
Date of Birth:		Do you have an NI Number?	Yes	No	NI Number
Home Address:					
		Postcode:			

I will visit the Student Hub to have my photo taken and to collect the card	Yes
Please post the card to my home address. A digital photo (electronic format) is attached	Yes
I do not need a card (only Login details required)	Yes

The Associate Card is the property of Leeds Beckett University and the University reserves the right to recall the Card or alter entitlements available with the Card. Any change of address or loss of the card must be notified to the Student Hub at Leeds Beckett University. Cards are issued subject to the regulations of Leeds Beckett University. Entitlement to access information, learning and technology facilities, resources and systems is for the period that you are performing a role that is equivalent to that of a member of University staff.

By checking the box below, I agree to abide by the regulations and to return the card to the People Services Team, Leeds Beckett University, if I cease to act in a role equivalent to that of a member of University staff.

I Agree:		Date:	
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RESPONSIBLE MANAGER TO COMPLETE THIS SECTION

Role Type: (please select)	Job Title: (Agency Staff/ Emeritus)				
	Supplier Name: (Consultants)				
	College Partnership Name: (DEAP)				
	Description: (Role type "Other")				
	Reason for access: (Staff Leavers)				
School/SBC:					
Room Number:		Building:		Site:	
Does the applicant require iPrint? (If Yes, please provide project code)			Yes	No	Project Code:
Date association will start:		Date association will end/be reviewed (max 12 months):			

Manager Name:		Manager Staff ID:	
Manager Position:			
By checking the box below, I confirm that the applicant is undertaking work equivalent to that undertaken by a member of University staff and I wish to authorise their application for an Associate			
I Agree:		Date:	

PEOPLE SERVICES TO COMPLETE THIS SECTION

Associate ID Number:		Date Processed in iTrent:		Card Issued:	
Processed by:					

SUBMISSION OF FORM

Please submit this form via email to HRServicesTeam@leedsbeckett.ac.uk