

FORM FOR ACCESS / APPROVAL OF WORK PLACES ALLOCATED TO THE DEPARTMENT OF BIOMEDICINE

Please hand in the form together with a copy*) of your employment contract/master contract in the mailbox 6th floor, BBB, outside room 6A107A, near the lifts.

1	Name:		e-mail:
2	Current place of employment:		
3	Current position:		*) Valid documentation is a signed/stamped copy of employment / PhD / supervisor contract
4	Period of employment:		
5	Contact person at Dept. of Biomedicine: Must be employed in a permanent position at The Department of Biomedicine	Print name:	Signature:
6	Supervisor(s) / Leader (if applicable):		Need UiB account?
7	Which group will you work with at The Department of Biomedicine?		<input type="checkbox"/> Yes <input type="checkbox"/> No Approved <input type="checkbox"/>
8	Reason(s) requiring admission:		
9	Access period applied for:		Maximum 2 years
10	Access to using equipment, chemicals, tech support or other facilities:		
11	Economy:	Does the Dept. of Biomedicine receive financial compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial compensation for general usage and maintenance cost through contributions to the group, mutual arrangements with the external party considering use of facilities, or in any other ways?
12	Workplace requested	<input type="checkbox"/> Office <input type="checkbox"/> Laboratory <input type="checkbox"/> Master / student	
13	A confirmation for training in use of equipment, personal security equipment	Sign. contact person:	Contact person is responsible for thoroughly briefing the applicant concerning all relevant HSE-info.
14	Review and briefing, fire safety routines:	Sign. local fire warden:	Contact person is responsible for putting the applicant in contact with local fire wardens (there are wardens for each floor)
15	Confirmation that HSE-folder has been read HSE-test passed http://wiki.uib.no/biomedhms	Sign. contact person:	Contact person at Fellesavdelingen or the Academic affairs
16	Will applicant be working with animals and / or human material? (Vaccination, allergy status, enrolled in the follow-up at BHT / your own medical doctor?)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Sign. applicant:	Applicant's Mobile/Cellphone: Applicant's Key card number:
17	Approved:		Head of Department of Biomedicine, date and signature
18	Key cards / keys / access:		Fellesavdelingen / Eli Gunn Kjølraug (personnel) Academic affairs / Toma Christako (students)