**EWALD MICROSCOPE FACILITIES**

**CENTRE for NANOSTRUCTURED MEDIA**

**School of Maths & Physics**

The Facility requires that all prospective Microscope Users fill in and fully complete this form and return to Facility Manager before commencement of any work.

The form requires the following **3 signatures**:

1. User
2. Supervisor / Account Project holder
3. School Project fund checker

User Name………………………………….Signature………………………

Contact number…………………………….Email…………………………..

Supervisor Name…………………………...Signature……………………..

Contact Number…………………………….Email………………………….

Fund Checker Name………………………..Signature…………………….

Contact Number……………………………..Email…………………………

University …………………………………….School………………………..

Account allocated………………………Project Number…………………..

Start date of work……………………………………………………………..

Brief description of work………………………………………………………

…………………………………………………………………………………..

Stephen McFarland Dr. Alina Schilling

Facility Manager Facility Deputy

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