

E6NanoFab Application Form

Section A (To be filled by applicants)																						
Given Name:	Last Name:	Title: Dr/Mr/Ms																				
Staff/Student Card No. <i>(internal)</i>	Passport size photo																					
Visitor Term Pass No. <i>(external)*</i>																						
Phone:																						
Email:																						
Designation:																						
NUS / Organisation: <i>*delete where applicable and fill in name. External company member to</i>																						
Faculty & Department:																						
Purpose and Type of Laboratories Access <table border="0"> <tr> <td><input type="checkbox"/> Deposition & Growth</td> <td><input type="checkbox"/> Packaging</td> <td><input type="checkbox"/> Metrology</td> <td><input type="checkbox"/> Class 1000 cleanroom</td> </tr> <tr> <td><input type="checkbox"/> Annealing Processing</td> <td><input type="checkbox"/> Magnetic Characterization</td> <td><input type="checkbox"/> Electrical & Test</td> <td><input type="checkbox"/> Class 10k Cleanroom</td> </tr> <tr> <td><input type="checkbox"/> Magnetic Processing</td> <td><input type="checkbox"/> Material Characterization</td> <td><input type="checkbox"/> Wet Processing</td> <td><input type="checkbox"/> Dry Lab</td> </tr> <tr> <td><input type="checkbox"/> Lithography</td> <td><input type="checkbox"/> Process Control</td> <td><input type="checkbox"/> Class 10 Cleanroom</td> <td><input type="checkbox"/> Wet Cleanroom</td> </tr> <tr> <td><input type="checkbox"/> Etching</td> <td><input type="checkbox"/> Photolithography</td> <td><input type="checkbox"/> Class 100 Cleanroom</td> <td></td> </tr> </table>			<input type="checkbox"/> Deposition & Growth	<input type="checkbox"/> Packaging	<input type="checkbox"/> Metrology	<input type="checkbox"/> Class 1000 cleanroom	<input type="checkbox"/> Annealing Processing	<input type="checkbox"/> Magnetic Characterization	<input type="checkbox"/> Electrical & Test	<input type="checkbox"/> Class 10k Cleanroom	<input type="checkbox"/> Magnetic Processing	<input type="checkbox"/> Material Characterization	<input type="checkbox"/> Wet Processing	<input type="checkbox"/> Dry Lab	<input type="checkbox"/> Lithography	<input type="checkbox"/> Process Control	<input type="checkbox"/> Class 10 Cleanroom	<input type="checkbox"/> Wet Cleanroom	<input type="checkbox"/> Etching	<input type="checkbox"/> Photolithography	<input type="checkbox"/> Class 100 Cleanroom	
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Applicant Trainings Completion Declaration (For official use only) <ul style="list-style-type: none"> <input type="checkbox"/> Online Fire Safety Training Course (OSHS01) <i>*Compulsory for NUS Staff / Corporate Lab</i> <input type="checkbox"/> Introduction to Laboratory Safety and Health in NUS – Policy, Principles and Practice (OSHGEN02) <i>*Compulsory for NUS Student only</i> <input type="checkbox"/> An Introduction to Safety, Health and Emergency Management (OSHGEN03) <i>*Compulsory for NUS Staff / Corporate Lab</i> <input type="checkbox"/> Laboratory Safety Induction (OSHGEN01) <input type="checkbox"/> FoE Risk Assessment application training (OTH610) <i>*Compulsory for All</i> <input type="checkbox"/> Electrical and Computer Engineering Safety Quiz <i>*Compulsory for All</i> <input type="checkbox"/> E6NanoFab Safety Induction Course (Face-to-face) <i>*Compulsory for All</i> <p>Date of completion: ____ / ____ / 20__</p>																						
I hereby declare that the training completion information provided by me is true and accurate.																						
Signature: _____		Date: _____																				

Terms and Conditions

1. In the event of misconduct and violations, we reserve the right to revoke or suspend

- a) user's access to E6NanoFab.
- b) user's access to any equipment.

2. User Fees

A non-refundable, non-negotiable user fee shall be borne by the PI endorsing the user application. Different user fees apply to different user schemes. E6Nanofab reserves the right to amend the fees with a minimum notice of thirty (30) days.

4. "EXCLUSION OF LIABILITY AND INDEMNITY FORM FOR ACCESS TO E6NANOFAB" Form

The user shall sign and submit to E6NanoFab the form as attached as part of his/her application.

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5. Amendment to terms and conditions

E6NanoFab reserves the right to amend these terms and conditions with a minimum notice of thirty (30) days.

Section A (Applicant's Declaration)	
I hereby declare that I fully comply with the terms and conditions as stated in the form	
Signature: _____ Date: _____	
Name of Applicant: _____	
Organisation / Faculty / Department: _____	
Section B (To be filled and declared by applicant's PI / Supervisor)	
Full Name	Email
NUS / Organisation <small>*delete where applicable and fill in name</small>	Faculty & Department
Please charge the lab membership / access fees* to below WBS:	
I hereby declare that I will fully comply with the terms and conditions as stated in the form.	
Signature: _____ Date: _____	

Section C (For official use only)	
Verification of Applicant Information Completed by:	
User Scheme <input type="checkbox"/> E6NanoFab I <input type="checkbox"/> Non-NUS <input type="checkbox"/> E6NanoFab II <input type="checkbox"/> AMAT-NUS <input type="checkbox"/> NUS <input type="checkbox"/> Corp Lab	Approved Access to Lab <input type="checkbox"/> Level 1 Cleanroom <input type="checkbox"/> Level 2 Wet Lab <input type="checkbox"/> Level 3 Metrology <input type="checkbox"/> Level 2 Cleanroom <input type="checkbox"/> Level 2 Dry Lab <input type="checkbox"/> Level 3 Electrical <input type="checkbox"/> Level 3 Cleanroom <input type="checkbox"/> Level 5 Dry Lab and Test <input type="checkbox"/> Level 5 Cleanroom
Granted Period of Access	
<input type="checkbox"/> Perpetual <input type="checkbox"/> Temporary from _____ till _____	
On behalf of E6NanoFab	
Authorised Signatory 1 _____ Name: Designation: Date: / /	Authorised Signatory 2 _____ Name: Designation: Date: / /

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EXCLUSION OF LIABILITY AND INDEMNITY FORM FOR ACCESS TO E6NANOFAB

I, _____ (Name of *Visitor/User) _____ (NUS Staff Card / Student Card / Visitor Pass Number), hereby request that I will be granted access to E6NanoFab Level 1 / Level 2/ Level 3/ Level 5 _____ (Name of laboratory, Cleanroom facility) (herein referred to as the "Facility").

In consideration of I being granted access to the Facility by _____ (Department/Faculty/School/Office), National University of Singapore, I hereby agree as follows:

(a) I acknowledge that access to the Facility involves an inherent risk, including risk of personal injury, ill-health and/or exposure to disease or infection, and that I will have access to hazardous facilities, equipment, and materials. I further acknowledge that *I will make(s) use of such access, facilities, equipment and materials of my own free will and volition and am aware of and accept(s) the risks involved.

(b) I will abide by the applicable written and verbal rules (including safety rules), regulations, policies, procedures, guidelines, protocols and instructions established or prescribed from time to time by the University or its departments, faculties, schools, offices or relevant units regarding the use of the Facility and the facilities, equipment and materials therein, failing which, the University shall be entitled to immediately withdraw my/our access to the Facility and any and all privileges arising therefrom.

(c) I will not hold the University, its officers, any of its full-time or part-time staff, agents or volunteers responsible or liable in any way for, and no action shall arise from, any loss or damage (including, without limitation and to the extent permissible by law, personal injury, loss of life or property damage) caused by or sustained as a result of my access to the Facility or use of the facilities, equipment and/or materials therein.

(d) I will indemnify and indemnified, save and hold harmless the University its officers, any of its fulltime or part-time staff, agents or volunteers against all losses, claims, demands, actions, proceedings, damages, costs or expenses, including legal fees, and any other liability arising in any way from my access to the Facility or use of the facilities, equipment or materials therein, or resulting from any breach of the undertakings.

Signed by:

Date:

DD / MM / YYYY

Name of Visitor/User