



Institiúid Teicneolaíochta, Trá Lí
INSTITUTE OF TECHNOLOGY, TRALEE

Tel: (066) 7191700

Guest Application Form

*Duration of access to Library Facilities and/or IT Facilities is based on academic year running from September to August
Applicants must reapply each academic year.*

Please complete all fields in block capitals.

PERSONAL DETAILS*

SURNAME	STUDENT ID NUMBER (ITT)
FIRST NAMES	LAST YEAR OF COURSE (ITT)
	DATE OF BIRTH / /
ADDRESS	NATIONALITY
	COUNTRY OF BIRTH
	HOME TEL. MOBILE
	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	PPS NUMBER

Email Address:

***Proof of Identity is required; please attach a copy of your Passport, Drivers Licence or Birth Certificate.
Application will not be processed without I.D.**

ACADEMIC DETAILS

Programme	
College (Proof of Registration Details from College Required)	
Programme Completion Date	
Grounds for request	
Do you require access to IT Facilities (TL_XOST_X, Reg "OS")	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require access to Library Facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>

Office Use Only	Select	Office use
<u>Educational or work-related Research, etc., with IT account Wi-Fi access</u> IT guest account with Wi-Fi access and access to library borrowing facilities.	<input type="checkbox"/>	(TL_XOTST_X, REG "WN") (Millennium Ptype 53)
<u>Educational or work-related Research, etc., with IT account access (for those with approved links to IT Tralee)</u> IT guest account access (guest login, Wi-Fi), PC access and access to library borrowing facilities.	<input type="checkbox"/>	(TL_XOTST_X, REG "OS") (Millennium Ptype 53)
<u>Preceptor, Tutor, Retired Staff</u> Full IT guest account access (e-mail, guest login, Wi-Fi) PC access, access to library borrowing facilities & access to online resources & option to request library items.	<input type="checkbox"/>	(TL_XTRNL_X REG "XN") (Millennium Ptype 41)

Signature of Applicant*: _____ **Date:** _____

*(I have read the guidelines relating to the conditions governing annual membership, and I agree to abide by these conditions)

NB Please include your e-mail address

External Borrower Library Membership Application Form

Please select the membership type you would like to apply for:

Borrower Type (Standard)	Select	Annual Fee	Borrowing Rights
Individual Member	<input type="checkbox"/>	€ 30	2 books for 1 week
Individual Member (Voluntary / Non-profit Sector)	<input type="checkbox"/>	€ 10	2 books for 1 week
Individual Member (Borrowing access Jun-Aug)	<input type="checkbox"/>	€ 10	2 books for 1 week
Corporate (up to 6 named members)	<input type="checkbox"/>	€ 200	2 books for 1 week
Retired Staff/Governing Body	<input type="checkbox"/>	No Fee	2 books for 1 week
Alumni	<input type="checkbox"/>	No Fee	2 books for 1 week

Preceptor / Tutor/ approved by HOS/HOD	<input type="checkbox"/>	No Fee	2 books for 1 week
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Approval by HOS/HOD for Preceptor / Tutor

HOS/HOD Approval	Signature:	Date:
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School/Department/Course/Student	
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Membership fee waiver approval

HOS/HOD/CS*	Signature:	Date:
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Library membership approved by Librarian/Deputy Librarian.	Signature:	Date:
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Fees to be paid:	None <input type="checkbox"/>	€10 <input type="checkbox"/>	€30 <input type="checkbox"/>
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Date fees paid:	
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For Office use only

<i>Former student with t-number</i>		<i>New external borrower</i>	
Amend Banner	Date/initials	Added to Banner	Date/initials
Print Card	Date/initials	Time and date for photograph	Date/initials
Notify borrower	Date/initials	Notify borrower	Date/initials
Fee paid Amount:	Date/initials	Fee paid Amount:	Date/initials
		Card completed	Date/initials

