

# New User Registration Form

Wolfson Centre for Biological Imaging

Welcome to the microscope facility! In order to help you efficiently, we would like to know your experience in imaging and your current project. The information you provided will also help us to manage the multi-user facility. Please complete the following form. For more information, please [visit our website](#) or [email us](#).

## User Details

Name		
Identity	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Research Technician <input type="checkbox"/> MSc Student <input type="checkbox"/> Principle investigator <input type="checkbox"/> PhD Student <input type="checkbox"/> Others : _____ <input type="checkbox"/> Post-Doc	
Contact details	Office (Rm No.)	
	Phone	
	Email	
Associated Research Group	Research Group	
	Supervisor	
Grant Code (N/A to GDSC)		

## Microscopy Experience

Type of microscope used	<input type="checkbox"/> Bright-field microscope <input type="checkbox"/> Wide-field fluorescence microscope <input type="checkbox"/> Confocal fluorescence microscope <input type="checkbox"/> High throughput microscope <input type="checkbox"/> 2-photon fluorescence microscope <input type="checkbox"/> Other types: _____ <input type="checkbox"/> None of above
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Level of imaging experience	<input type="checkbox"/> Casual  <input type="checkbox"/> Average  <input type="checkbox"/> Experienced  <input type="checkbox"/> Master
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**Brief description of your project**

**Declaration:**

- I have read the health and safety rules related to microscope facility.
- I have checked the facility website, and accepted the facility regulations.

User signature: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_