

This form should only be completed for persons who do not already have a record on the personnel system. Form to be completed in **TYPED FORMAT ONLY**. Completed form should be returned to the Staff Office

**NOTE:** Please note that students on the books of Trinity College Dublin are not entitled to hold an ID card other than their student ID, in accordance with the regulations laid down by the Junior Dean.

**Research Fellows, Research Assistants, and Research Students already on the payroll do not require Visitor Records.**

**VISITOR ID APPLICATION FORM**

SURNAME				Prof __ Dr __ Mr __ Ms __
FORENAME				Please tick only one of the above
HOME ADDRESS				Male __ Female __
EMAIL ADDRESS				Please tick only one of the above
DATE OF BIRTH		NATIONALITY		CURRENT CITIZENSHIP
TITLE OF POST			DISCIPLINE	
DISCIPLINE AFFILIATED TO (If Different From Above)			NAME AND ADDRESS OF HOSPITAL (if applicable)	
HOME UNIVERSITY (if applicable)			STANDING IN HOME UNIVERSITY	
DATE OF APPOINTMENT				
DATE OF CESSATION (will be set at 12 July in current academic year unless otherwise requested)				

Please tick the category to be assigned

Visiting Academic**	Provost's House	Seconded Staff
Chancellor	Haughton Institute	Trinity Foundation
Pro-Chancellor	Douglas Hyde Gallery	Junior Dean
The College Visitor	Tenant	Assistant Junior Dean
Fellow Emeritus	Associated Colleges	Campus Company Associate
Veterinary Associate	Chaplaincy	Medical Associate
Honorary Fellow	Students Union	Nursing & Midwifery Associate
Academic Assistant*	Dental Associate	Job Bridge Intern
DUCAC	Irish School of Ecumenics	Graduate Student Union
	Visiting Research Student	Visiting Research Assistant

\* for use by Disability Services only  
 \*\* new or renewal of Visiting Academic applications must be submitted to HR Advisor in your faculty (signed nomination form & CV is required)

**The title Visiting Research Fellow is discontinued and should not be submitted on this form.**

**Details of work undertaken by individual (this section must be completed)**

--

**SIGNATURE OF HEAD OF SCHOOL OR**  
**SIGNATURE OF HEAD OF ADMIN AREA** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Signed copy of this form to be passed to the School Administrator. Original Copy to Staff Office**

Email address extension in order to advise when record is established \_\_\_\_\_