## APPLICATION FOR AN ALCID RESEARCH ACCESS SCHEME CARD

Please issue me with an ALCID card which will, I understand, provide me with access to the libraries of Irish higher education institutions:

Dublin City University Dublin Institute of Technology Mary Immaculate College Mater Dei Institute of Education National University of Ireland, Galway National University of Ireland, Maynooth Royal College of Surgeons in Ireland Royal Irish Academy St Angela's College, Sligo St Patrick's College, Drumcondra Trinity College Dublin University College Cork University College Dublin University of Limerick

I certify that I am eligible for an ALCID card as a member of the full-time academic-related staff or as a student registered for a higher degree at this institution.

I agree to familiarise myself with and observe the regulations of the libraries that I visit using my ALCID card. I accept that any reported breach of regulations in the other participating libraries may lead to exclusion from the ALCID scheme, and/or the imposition of penalties equivalent to those which would apply for similar breaches of the regulations.

I understand that possession of an ALCID card does not give me borrowing rights outside my home library.

| Signed  | Date                     |
|---|--------------------------|
| SECTION A (please complete in block capitals) |                          |
| Surname                                       | Title                    |
| Forenames                                     |                          |
| Status (please tick one)                      |                          |
| Full-time academic                            | Academic-related         |
| Doctoral □                                    | Research masters student |
| Taught masters student □                      |                          |
| Department                                    |                          |
| Library card number                           |                          |
| Expiry Date                                   |                          |
| SECTION B (for completion by library staff)   |                          |
| Library card checked (initial)                |                          |
| ALCID card number                             |                          |
| Issued by                                     |                          |
| Date  |                          |