

REQUEST FOR ACCESS TO TRCL

Use this form to request training or access
Part 1 – to be completed by researcher

Name:

Date:

Group/Department or Institute:

E-mail address:

If you are not a Cambridge researcher, please provide your full work address:

Please tick which of the available techniques you hope to use:

Continuous wave CL Time-resolved CL EBIC Low temperature experiments

If you have ticked low temperature experiments, please indicate the target temperature range:

Temperatures achievable with liquid nitrogen Temperatures achievable with liquid helium

1. Do you have previous SEM experience? If so, with which microscopes and techniques are you familiar and at what level (e.g. how many years' experience do you have)?

2. Do you have previous experience with relevant spectroscopy techniques (e.g. photoluminescence spectroscopy, time-resolved photoluminescence, cathodoluminescence)? If so, please give a brief outline of this experience:

3. What type of specimens would you like to investigate?

4. What are the dimensions of your specimen (so we can check it will fit on the sample holder and in the microscope)?

5. If you aim to use CL, what is the expected wavelength of luminescence from your specimen?

5. What information are you hoping to gain using the TRCL system?

6. Why do your experiments require access to the TRCL system rather than a more basic SEM or CL system?

7. Will you need help processing and analysing your results?

8. How much use do you anticipate making of the TRCL system? E.g. is this a one off experiment, or something which will be repeated regularly? If the latter, how frequently would you like to access the system?

Part 2 – to be completed by supervisors of research students and post-docs

Name:

Date:

E-mail address:

1. For Cambridge Department of Materials Science and Metallurgy) DMSM users, please provide a grant code for payment of relevant consumables costs:
(Non DMSM users will need to provide a purchase order and will be invoiced for costs).

2. Please sign below to indicate that you have read part 1 of this form and approved the experimental plan.

Signature Date