

REQUEST FOR ACCESS TO SHRI AFM

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

Name:

Date:

Group/Department or Institute:

E-mail address:

Indicate what microscope modes you wish to use, if known:

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

2. What type of specimens will you be investigating?

3. What are the typical vertical and lateral sizes of the surface features on these specimens?

4. What information are you hoping to gain from AFM-based studies?

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

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

Name

Date:

E-mail address:

1. Please provide a grant code for payment of access charges. If it is anticipated that modes other than topographic measurement will be used, please confirm the availability of additional funding for specialist tips.

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

Signature..... Date.....