

Please complete this form in BLOCK CAPITALS and return to:

Library Administrative Officer
Institute of Advanced Legal Studies
17 Russell Square
London WC1B 5DR

Tel: 020 7862 5801

Notes

1. All applicants must complete sections 1, 2 & 5.
2. Overseas applicants are asked additionally to complete section 3

Section 1: Personal details

SURNAME or FAMILY NAME _____

FORENAME(S) _____

TITLE Professor/Dr/Mr/Ms (please delete as necessary or give other title) _____

LONDON/UK ADDRESS (including postcode) _____

_____ TEL NO: _____

HOME ADDRESS (if different from above) _____

_____ TEL NO: _____

EMAIL ADDRESS _____ NATIONALITY _____

HAVE YOU HAD A FULL ADMISSION CARD BEFORE? YES/NO PLEASE GIVE NUMBER: _____

Section 2: Application

Please complete sub-section A or B below

A. UK APPLICANTS

UNIVERSITY/COLLEGE/RESEARCH INSTITUTE _____

APPOINTMENT HELD _____ SUBJECT _____

FULL-TIME/PART-TIME (please delete as necessary)

CARRELL REQUIRED (on payment of appropriate fee) YES/NO CARRELL BOOKING MADE YES/NO

B. OVERSEAS APPLICANTS

HOME INSTITUTION (please give address) _____

_____ SUBJECT _____

APPOINTMENT HELD _____ FULL-TIME/PART-TIME (please delete as necessary)

UK INSTITUTION (any temporary attachment) _____

APPOINTMENT HELD (where applicable) _____

PERIOD OF STAY AT IALS (exact dates if possible, approximate if not) _____

CARRELL REQUIRED (on payment of appropriate fee) YES/NO CARRELL BOOKING MADE YES/NO

SEE OVER

Section 3: Overseas applicants' research interests

Please leave this section blank if you have already returned the research pro-forma

SUBJECT OF STUDY AT IALS _____

TOPICS ON WHICH YOU WOULD BE PREPARED TO GIVE A SEMINAR OR LEAD A DISCUSSION GROUP IN ENGLISH

1. _____

2. _____

3. _____

IF ENGLISH IS NOT YOUR MOTHER TONGUE, LEVEL OF ENGLISH: Please ✓ tick

POOR ADEQUATE GOOD FLUENT

PLEASE NAME ANY PERSONS WHOM YOU WOULD LIKE US TO ADVISE OF YOUR VISIT:

IN THE UNIVERSITY OF LONDON _____

ELSEWHERE IN THE UK _____

Section 4: Special Needs Support

Please indicate here if you have special needs or a disability and would like additional support to use the Library

Section 5: Undertakings

1. I undertake to abide by the Library Regulations. A copy of the current regulations may be obtained from the Library Administrative Officer or may be consulted at the Library Enquiry Desk.
2. I hereby declare that I wish to use the facilities of IALS solely in connection with my academic research at the institution at which I am registered. Should I wish to use the facilities in connection with any work as a practising solicitor/barrister or for any other purpose not related to my academic research, I undertake to notify the Librarian and to pay the appropriate admission fee.
3. I undertake to observe the provisions of current copyright law and any other copyright restrictions and to read and observe the notes displayed above the self-service photocopiers before making any copies. I understand that some electronic information services are only available for academic use.
4. I agree for the personal details on this form to be stored on a database whilst the data is needed for library administration, to operate the automated entry system and to collect anonymised admission statistics. You can access further information regarding data protection policies on the University of London website.
5. I agree that IALS Library may use my email address to send emails to me concerning news and information about IALS and its Library.

Signed _____ Date _____

For staff use
