

**University of Liverpool Computing Services
High Performance / Throughput Computing Service Registration Form**

This form should be used to register as a user of the special High Performance / Throughput Computing facilities provided for the support of Advanced Research Computing (ARC) activities.

If you require assistance in deciding which facilities you need then please contact the ARC team via the Service Desk. Details of the different facilities available are provided on the ARC web pages at <http://www.liv.ac.uk/csd/research/>

If you are NOT a member of Staff or a Research student, this request MUST be supported by a letter from the Head of your University Department, School Manager or Supervisor.

SECTION A: TO BE COMPLETED BY APPLICANT						
ID Number:		Title: (please circle)	Prof / Dr / Ms / Miss / Mrs / Mr			
First Name:		Surname/Family Name:				
Status: (please circle)	Staff / Research Postgraduate / Taught Postgraduate / Undergraduate / Other					
Department:		MWS Username:				
Unix Account:	Do you have an existing Unix account? (Please circle)	YES	DON'T KNOW	NO	If NO, I request a Unix account	
Contact phone number:		Email address:				
Name of Head of Department, School Manager or Supervisor: (BLOCK CAPITALS)						
<p>IMPORTANT NOTE: Registration will lapse if you leave the University or if you request the termination of your registration. Thereafter the Computing Services Department cannot guarantee that stored information will continue to exist; erasure will in any case commence from the date when registration lapsed.</p>						
I REQUIRE ACCESS TO THE SERVICES BELOW: (Please tick boxes)						
<input type="checkbox"/>	Parallel Linux cluster	<input type="checkbox"/>	Condor High Throughput Windows			
<input type="checkbox"/>	High throughput (serial) Linux cluster	<input type="checkbox"/>	### Grid Compute Server (Condor-G)			
<p>### You will need a UK e-Science Certificate. Details of how to obtain a UK e-Science Certificate can be found at http://www.ngs.ac.uk/use/certificates</p>						
<p>Reasons for requiring access to the special facilities: (Please give a brief outline of the project or projects being undertaken and the reasons why special facilities are required. In particular, if you are requesting use of the High Capability Cluster please give technical reasons for requiring it. If possible, please indicate the number of cpus required and amounts of memory and disk space, if known. Attach a separate sheet if necessary).</p>						
<p>Declarations: 1. I have read and agree to abide by the current Regulations and Code of Practice for the use of IT Facilities at the University, which may be viewed at http://www.liv.ac.uk/csd/regulations/ and any additions or amendments as are issued from time to time by the relevant University Authority. 2. I understand that access to the facilities is allowed only via the appropriate job submission system without special permission. 3. I will not be using the facilities for commercial work. 4. I do not have funding with special provision for computing facilities. NOTE: If you wish to use the facilities for commercial work or for a project with special funding for computing facilities an interview will be arranged with the Director of Computing Services (or his designated representative) to discuss charges. If the circumstances relating to (3) or (4) above change you must contact the Director of Computing Services before use of the special computer facilities goes ahead.</p>						
Signature of applicant:		Date:				
<p>Please send this form to: Service Desk, Computing Services, Brownlow Hill, Liverpool L69 3BX. CSD will email you with further details of your registration. OR it is now acceptable to scan or fax us a copy of the original signed form. Email to servicedesk@liv.ac.uk or fax to x44423 (0151 794 4423).</p>						

SECTION B: TO BE COMPLETED BY APPLICANT'S HEAD OF DEPARTMENT, SCHOOL MANAGER OR SUPERVISOR			
The above named is attached to my department or school. To the best of my knowledge, the details contained in this form are correct and the applicant requires access to the services specified above.			
Full Name: (BLOCK CAPITALS)			
Signature of Head of Department, School Manager or Supervisor:		Date:	

Computing Services use only	Unix A/C created: (tick)	Date/Time:	Initials:	Pass form to ARC team when Unix account created
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