**Application form to access animal zone outside office hours**

(Need to Collection, Use, Provision of

Personal Information Agreement)

**1. Applicant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Principal Investigator** | **Name** |  | **Extension/ C.P.** |  / |
| **E-mail** |   |
| **Applicant** | **Name** |  | **Extension/ C.P.** |  / |
| **E-mail** |  |
| **Affiliation****(Department/Lab.)** |  □ Other facility |
| **Position****(Mark V)** |  □ Professor □ Researcher  □ Graduate student □ Undergraduate student |

**2. Information**

|  |  |
| --- | --- |
| **Date / Time** |  20 . . . : ~ : (in detail) |
| **Access space** | **1F Lab.** |  |
| **B1 animal zone** |  □ Small □ Return □ Small-2 □ Isolation □ Imaging lab-1 □ Imaging lab-2 □ Imaging lab-3 |
| **Equipment** |  |
| **Reason** |  |
| **note** |  |
| **※ Please keep the rules of IVRC when you use facilities, and clean up the facilities after using.**※ Application submission: : IVRC (iv-rc@unist.ac.kr)**※ Please also submit your personal information collection application (attached below).**  |

|  |
| --- |
| **Personal Information Processing Consent Form** |

Under the provisions of the Personal Information Protection Act (PIPA), UNIST `UCRF IVRC(*in vivo* Research Center) wishes to obtain consent from the IVRC users for operation and management to the collection and processing of their personal information. Please read this document in its entirety before giving consent (select each blank as appropriate).

**▶ Collection and Use of Personal Information**

|  |  |  |
| --- | --- | --- |
| **Items** **to be collected** | **Purposes of** **collection and use** | **Period** **of holding and use** |
| Name, Affiliation, Position | Researcher identification &IVRC operation and management | **Destroy one year after creation date** |
| Contact (Office Tel / C.P), email address | Application changes, Notices | **Destroy one year after creation date** |

※ You have the right to refuse consent. However, you may not be provided with the aforementioned services due to rejection.

I give my consent for all personal information to be processed for the purposes described in this document and understand that I can withdraw my consent at any time.

**□ Give consent □ Do not give consent**

Name of Individual providing Consent:

Signature:

Date of Signature: