**Mobile Connection Application Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicants Name & Email Address: | |  | | | | | | |
| Department /Unit: | |  | | | | | | |
| Extension Number: | |  | | | | | | |
| Reason for requiring a University mobile phone | | | | | | | | |
|  | | | | | | | | |
| Are you applying for a standard voice contract & handset or a Smart phone contract & handset? | | | | | | Standard Voice | | Smart Phone |
| Voice Only  Voice Plus Data bundle | | | | | | Yes  Yes | | No  No |
| If requesting a Smart phone handset or extra services, this section must be completed. Please detail the additional handset or contract features you require to adequately perform your job/role & outline the business case for requiring these functions or features. | | | | | | | | |
|  | | | | | | | | |
| Please state exact model required | | | | |  | | | |
| Mobile Cost ex VAT | | | | | € | | | |
| Please supply full cost code, for purchase & rental | | | | |  | | | |
| For an upgrade, please state your current UCC mobile number: | | | | | |  | | |
| Please confirm you have read & understand the tariff & roaming guidelines | | | | I confirm I have read the directions | | | I cannot confirm I have read the directions | |
| You are aware that you are responsible to notify the Buildings & Estates Office of any changes you wish to make to your mobile handset account e.g. cost code changes. If your mobile device is being charged to a research account and the funding closes, your device will be charged to the department cost centre by default if you have not notified the Buildings & Estates Office of a new cost code. The responsibility lies with the department to ensure that the monthly mobile bills are correct. | | | | | | | | |
| I certify that this application is in compliance with the University College Cork Mobile Phone Policy (on the Buildings & Estates Website), and I agree to abide by the policy | | | | | | | |
| Applicant: | | Signature: | | | | | |
| PRINT NAME: | | | | | |
| Signature Head of Dept/Unit | | Signature: | | | | | |
| PRINT NAME: | | | | | |
| Date: | |  | | | | | |
| Applicants must be authorised by a UMTS Member | | | | | | | |
| UMTS Member: | | Signature: | | | | | |
| PRINT NAME: | | | | | |
| Date: | |  | | | | | |

Buildings & Estates Office