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| --- | --- | --- | --- |
| Applicant’s Name & Email Address: | |  | |
| Department /Academic Unit: | |  | |
| Extension Number: | |  | |
| For new applicants requesting a Staff Mobile Phone / SIM Only, please outline the business case that justifies this exceptional request: | | | |
|  | | | |
| If you are applying for a replacement phone, please state reason for requiring a replacement. Phones will only be replaced where it is established that the current device has reached its end of life and there is an ongoing need for a device. | | | |
|  | | | |
| Please tick on of the following options (a basic model phone will be provided):  Apple  Android  SIM Only | | | |
| If a non-standard device is required, please set out the reasons justifying any enhanced features: | | |  |
| Please supply full cost code, for purchase & rental | | |  |
| Existing UCC mobile number | | |  |
| Please confirm you have read the mobile phone policy.  I confirm that I have read the mobile phone policy and agree to abide by it. | | | |
| 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 or switching to a roaming tariff. If your mobile device / SIM Only 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 confirm that this application complies with the University College Cork Mobile Phone Policy. | | | |
| Applicant: | Signature: | | |
| PRINT NAME: Date | | |
| Applications must be authorised by the following: | | | |
| Line Manager: | Signature: | | |
| PRINT NAME: Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ | | |
| Head of School/Unit | Signature: | | |
|  | PRINT NAME: Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ | | |
| Relevant ULT Member | Signature: | | |
| PRINT NAME: Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ | | |

Once complete, please email form to [mobiles@ucc.ie](mailto:mobiles@ucc.ie)

