

## Register New Associated Persons

This form is used to establish a Western Identification Number for an individual who has a recognized affiliation with Western, but who is not an employee of Western. This identification number could be used to access services on campus including computer accounts, corporate data systems, libraries and buildings.

This access is granted only for administrative requirements and must be approved by the individual in each department assigned to administer these relationships.

This registration is granted for a specific period of time, defined by the start and end date of that affiliation with Western (no longer than 1 year).

**NOTE:** Some personal data is required to determine if the individual has had a previous relationship with Western and to ensure they are re-issued the same Western Identification Number and User ID when appropriate.

**IMPORTANT:** If the individual is a current or former student, employee or Associated Person with Western, or an affiliated University College, please provide the following information:

**WESTERN EMPLOYEE NUMBER:**

**WESTERN STUDENT NUMBER:**

**\*\*ALL FIELDS ARE REQUIRED\*\***

|                                                                      |                              |                                                                                          |                      |
|----------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------|----------------------|
| START DATE (YYYY-MM-DD)                                              | NAME (FIRST) (MIDDLE) (LAST) |                                                                                          |                      |
| BIRTH DATE (YYYY-MM-DD)                                              | GENDER                       | Do you have a Canadian Social Insurance Number?<br>NO YES, INDICATE LAST 4 DIGITS OF SIN |                      |
| COUNTRY                                                              | ADDRESS                      |                                                                                          |                      |
| CITY                                                                 | PROVINCE                     | POSTAL CODE                                                                              |                      |
| END DATE (YYYY-MM-DD)                                                | DEPARTMENT                   |                                                                                          | DEPT. CODE           |
| NAME OF DEPARTMENT FACULTY/STAFF MEMBER ACCOUNTABLE FOR RELATIONSHIP |                              |                                                                                          | CONTACT PHONE NUMBER |

EMAIL ADDRESS:

### SELECT TYPE OF RELATIONSHIP

- |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| BOARD OF GOVERNORS MEMBER (ZZ651)<br>CHAPLAIN (ZZ650)<br>CLINICAL EDUCATOR (ZZ013)<br>CONTRACTED ADMINISTRATIVE SUPPORT (ZZ500)<br>CONTRACTED OTHER (ZZ501)<br>CO-OP STUDENT (ZZ550)<br>AFFILIATED ORGANIZATION - ADMIN STAFF (ZZ520)<br>AFFILIATED ORGANIZATION - RESEARCH STAFF (ZZ521)<br>EXTERNAL INSTRUCTOR (ZF002)<br>FANSHAWE INSTRUCTOR (ZZ014)<br>HOSPITAL LIBRARY STAFF (ZZ008) | STUDENT COUNCIL MEMBER (ZZ600)<br>TUTOR-PHC PARTICIPANT (ZZ020)<br>FERN PARTICIPANT (ZZ020)<br>VISITING RESEARCHER/SCIENTIST-CANADIAN (ZZ805)<br>*VISITING SELF-FUNDED ACADEMIC RESEARCHER - FOREIGN NATIONALS (ZZ810)<br>VISITING SCHOLAR - CANADIAN (ZZ795)<br>*VISITING PROFESSOR - FOREIGN NATIONALS (ZZ800)<br>VISITING STUDENTS (ZZ551) - indicate student number if assigned<br>VOLUNTEER (ZZ700)<br>WVP STUDENT VOLUNTEER (ZZ701)<br>FACULTY RELATIONS (ZF000, ZF001) |
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\* attach copy of Formal Letter of Invitation & CIC Visitor's Record and/or Work Permit

DEPARTMENT AUTHORIZATION

DATE