



Visitor ID Application Form

This form is to request a Visitor ID number for Visiting Academics and Visiting Researchers from other Institutions/Companies. Visitor IDs are only issued to visitors to the University where the visit will be for more than three months.

Confirmation of visiting appointment must be submitted with this application form, e.g. University of Galway Academic appointment letter or Sponsored Research Agreement.

Visitors to the campus are covered under University Public Liability Insurance. However, Staff from other companies, who will be on campus for more than 3 months, must provide a letter from their Company, stating that their Company will provide insurance cover while on campus.

If a Visitor ID card is required please send an ID photo to hr@universityofgalway.ie

This form should not be used for visiting students/interns.

Part 1 : Visitor Details

Forename: _____ Surname: _____

Telephone: _____ Date of Birth: _____

Email: _____

Home Address: _____

Part 2: Institution/Company Details

Institution/Company Name: _____

Address: _____

Line Manager Name: _____

Line Manager Email address: _____

Line Manager phone number: _____

Part 3: Visit Details

Visit Start Date: _____ Visit End Date: _____

Place of visit on campus: _____

Purpose of Visit: _____

Direct Supervisor on Campus: _____

Part 4: Declaration/Approval

I agree to fully adhere to University policies and procedures while on University of Galway campus.

Signed: _____ Date: _____
(Applicant signature)

Approved by:

Signed: _____ Date: _____
(Head of School Unit)