## C:\Users\qfx19648\Pictures\scarf_banner.png

## **Use of SCARF for Training Course REQUEST FORM**

NOTE: Mandatory fields in bold.

## Requestor’s details

|  |  |  |
| --- | --- | --- |
| **Name of requestor(s):** | Click here to enter text. | |
| **Primary contact (if different from above):** | | Click here to enter text. |
| **Primary contact number:** | | Click here to enter text. |
| **Primary contact e-mail address:** | | Click here to enter text. |

## Secondary Contact (if applicable)

|  |  |
| --- | --- |
| Secondary contact name: | Click here to enter text. |
| Secondary contact number: | Click here to enter text. |
| Secondary contact e-mail address: | Click here to enter text. |

## Course Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of course:** | Click here to enter text. | | |
| **Course date(s):** | Click here to enter text. | | |
| **Number of cores or hosts required:** | | Click here to enter text. | |
| **Number of participants:** | | Click here to enter text. | |
| **Number of temporary SCARF training accounts required:** | | | Click here to enter text. |
| Please list the names of any delegates who will be using their own SCARF accounts: | | | |
| Click here to enter text. | | | |

## Additional Requirements (e.g. Shared workspace, SOFTWARE)

|  |
| --- |
| Click here to enter text. |

## NOTES

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| 1. Please ensure that we receive your request two weeks prior to the commencement of the course. Requests received later than this will be accommodated to the best of our ability 2. Submit your completed form to scarf@hpc-support.rl.ac.uk 3. Please ensure that you have tested your reservation and any additional requirements at least 24 hours prior to the commencement of the course |

## FOR Internal use only

|  |
| --- |
| Accept course date(s)?: Yes/No |
| Accept number of cores?: Yes/No |
| Reservation details: |
| Temporary SCARF training accounts to use: |
| Additional requirements: |
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