

Stakeholder Identification

Survey Form

RALIC Project

Q1. Please complete the following information about yourself.

Name: _____
Position: _____
Department: _____

Q2. What is your role in the RALIC project?

Q3. Below is a summarised scope for the RALIC project.

1. Replace magnetic swipe card readers with smart card readers
2. Source and install access card printers
3. Decide on card design and categories
4. Define user groups and default access rights
5. Provide a more accurate card holder database, save resources on manual data input, and facilitate automated provision and suspension of access and library borrowing rights
6. Issue new cards to staff, students, visitors and contractors
7. Replace the Library access control system
8. Use new cards at the Bloomsbury Fitness Centre

Q1: Who are the stakeholders for the RALIC project?

Note: Names have been anonymised for privacy reasons.

The following is a list of names in alphabetical order.
Check all that apply and **circle** their level of salience.

Name	<input type="checkbox"/>	←	High salience						Low salience				→
Axxxx Toxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Axxxxx Hixxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Axxxxx Wixxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Axxxxx Rixxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Bxxxx Boxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Cxxxxxx Coxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Dxxxx Sqxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Ex Stxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Gxxxx Joxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Jxx Crxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Jxxxx Pexxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Jxxxx Orxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Jxxx Mixxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Jxxx Poxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Kxxxxxxx Pixx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Kxxxxx Lexx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Kxxx Gaxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Kxxx Waxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Mxxxxx Baxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Mxxxx Gaxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Mxxxx Paxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Mxxxxx Rxxxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Mxxx Daxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Mxxx Mcxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Nxxxx Goxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Nxxxxxx Kyxxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Nxxx Akxxxxxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Pxxx Chxxxxxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Pxxxx Baxxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Pxxxx Chxxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Rxxxxx Baxxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Rxxxxx Fuxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Rxx Chxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Rxxxx Clxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Rxxxx Wixxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Rxxxx Roxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Rxxxxxx Cuxxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Sxxxx Baxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Sxxxx Buxxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Vxxxxx Toxxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Wxxxx Rixxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Wxxx Mixxxx	<input type="checkbox"/>	10	9	8	7	6	5	4	3	2	1		
Others	<input type="checkbox"/>												

If you checked others, please **write** the names and roles of the other stakeholders below and **circle** their salience.

Stakeholder	←	High salience					Low salience					→
Name:	10	9	8	7	6	5	4	3	2	1		
Role:												
Name:	10	9	8	7	6	5	4	3	2	1		
Role:												
Name:	10	9	8	7	6	5	4	3	2	1		
Role:												
Name:	10	9	8	7	6	5	4	3	2	1		
Role:												
Name:	10	9	8	7	6	5	4	3	2	1		
Role:												
Name:	10	9	8	7	6	5	4	3	2	1		
Role:												
Name:	10	9	8	7	6	5	4	3	2	1		
Role:												

Q2: For all the stakeholders that you have checked in Q1, please rank them by their order of salience (1 being the most salient).

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|-----|-----|
| 1. | 11. |
| 2. | 12. |
| 3. | 13. |
| 4. | 14. |
| 5. | 15. |
| 6. | 16. |
| 7. | 17. |
| 8. | 18. |
| 9. | 19. |
| 10. | 20. |