

REQUEST FOR STAFF IDENTIFICATION BADGE

ALL STAFF ARE REQUIRED TO HAVE AN UP TO DATE IDENTIFICATION BADGE. ALL STAFF WHO REQUIRE AN ID BADGE, NEW OR REPLACEMENT, ARE REQUIRED TO SUBMIT THEIR REQUEST VIA THIS FORM.

A NEW PHOTOGRAPH SHOULD BE TAKEN WITH ALL REQUESTS TO KEEP RECORDS UP TO DATE
IF THE REQUESTER IS UNABLE TO ATTEND SITE FOR COLLECTION PLEASE CONTACT THE SITE SERVICES MANAGER TO ARRANGE AN ALTERNATIVE METHOD OF REQUISITION (01793 604743)

TO BE COMPLETED BY EMPLOYEE:

Name:			
Job Title:		Location:	
Contact Telephone No:			

REASON FOR REQUESTING NEW IDENTIFICATION BADGE:

Please tick appropriate box

New Employee	
Change of Name/Job/Section	
Lost Card	
Change of Appearance	
Broken Card	
Other (please specify)	

ALL REQUESTS TO BE BROUGHT TO THE BELOW ADDRESS:

**CARILLION FACILITIES MANAGEMENT DEPARTMENT
THE GREAT WESTERN HOSPITAL, LOWER GROUND FLOOR
SWINDON
SN3 6BB**

YOUR NEW CARD WILL BE READY WITHIN ONE WORKING DAY OF RECEIPT (LESS WEEKENDS AND BANK HOLIDAYS)

I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT:

Name:		Signature:
Date:		

TO BE COMPLETED BY AUTHORISED LINE MANAGER:

Name:		Signature:
Date:		

For Carillion Health Use Only:

ACCESS GROUP REQUIRED:			
Date & Time Form Received			
Name of Staff Member Who Produced Badge:			
Date and Time Badge Produced:		Card Number:	
Date and Time New Card Issued:		Card Issued By:	
Confirmation of Receipt:			

BY SIGNING THIS FORM YOU ARE TAKING FULL OWNERSHIP OF YOUR ID CARD AND ARE AGREEING THAT IT WILL ONLY BE USED RESPONSIBLY BY YOU AS THE NAMED USER AND ONLY TO GAIN ACCESS TO AREAS YOU REQUIRE TO CARRY OUT YOUR JOB ROLE. ANY MISUSE OF THIS ID CARD CAN BE IDENTIFIED AND WILL BE PASSED TO THE SECURITY TEAM TO INVESTIGATE.