

Identification Card & Car Parking Application
Students, Monash University staff, Agency staff,
Honorary staff, Volunteers, Chaplain/Pastoral Carers, Others

Please complete the details below and take to Security at Monash Medical Centre - Clayton, or Dandenong Hospital, or MFM at Casey Hospital, along with the Cashier's receipt or confirmation that parking is being deducted from your salary. Please see the reverse of this form for further information about the application process and completing this form.

| Student Monash University staff Monash Institute of Medical Research Monash Institute of Medical Research | stitute of Health Services Research |
|---|--|
| Agency staff Honorary staff Volunteer Chaplain/Pastoral Care Other | MiPrep Program Participant |
| Title: Family Name: Given Name: | Preferred Name (optional): |
| DR SUBASIC DE AZEVEDO DEVA | 1 |
| Work Phone Number: Mobile Number: | Pager Number: |
| 0416 830 828 | |
| Role: Department / Unit: | Hours worked per week / Fraction? |
| Miprep Program Participant | - |
| At which site will you be based? | |
| Casey Clayton Dandenong Kingston Moorabbin Other | |
| Car Parking Access | |
| Do you require car parking? No \square - Please sign and date in the boxes below. | |
| Yes 🥦 - If you require parking for a set time period, please g Start | give the start and end dates: |
| date | date |
| If yes, please give the registration number/s of the car/s you will use: Main Second Everyone using Southern F | Health staff car parking must inform |
| | n numbers if they obtain another vehicle. |
| Travel | |
| As part of your role, will you be required to travel off site to other work-related locations? No Yes 3+ times per week 1 | 2 times plui |
| 100 Las VI House of House of | - 2 times p/w Less than once p/w L |
| Working Days and Hours Please give the normal hours/rostered Start and End times for your shifts/hours (regard) | less of the days of the week you work) |
| e.g. 7.00 am - 3.30 pm; 9 am - 5 pm; 7 am - 7.30 pm. (If you always work the same hours, you | The state of the s |
| To ensure you are given access to the most appropriate parking, please complete in full. Will you so Start time End time End time End time End time End time | ometimes be "On Call": No 🔀 Yes 🗌 |
| Clare unito Cha unito | Startune choune |
| | |
| To obtain your Identification Card and access to parking, please contact Security at eithe Dandenong Hospital (9554 8422) or MFM at Casey Hospital (8768 1838) to arrange an a | er Monash Medical Centre (9594 2139), appointment. A refundable deposit of |
| \$20.00 is required for temporary parking cards only. A full photographic ID card costs \$2 | 20.00 (non-refundable) |
| A fee of \$20.00 will be charged for lost or damaged I.D. cards. Please re | |
| I understand that parking privileges are not transferable and that non-usage of an allocat forfeiture of that permit. I further understand that Southern Health accepts no respon | |
| vehicles or property whilst they are on Southern Health premises and that user's p | oark solely at their own risk. |
| Your Manager/Supervisor's signature Your Manager/Supervisor's name | Contact number |
| | 9594 2750 |
| Your signature Date | |
| Ausasic 19 103 12025 | |
| Allasasic | |
| Security Use Only | |
| Browns Rd NE Browns Rd South J-11 am J-9 am J-6 am J-24 hours Tare | ella Rd 🔲 Public P 🔲 |
| | surity/MFM Authority |
| Salary Deduction Access processed Cashier Sticker issued | |
| Not required | |