

WELLINGTON REGIONAL HOSPITAL ACCESS CARD REQUEST

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|---------------------|-------------------------|
| WRH New Access Card | Replacement Access Card |
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This form is to be used when a new or replacement access card is required. A replacement card will incur a **\$12 fee** to be charged to your department. Please complete all details below and return to the Security Orderly Services on Level 2 WRH or fax 80587.

| | |
|-----------------------|--|
| NAME: | |
| DESIGNATION: | |
| DEPARTMENT: | |
| DIRECTORATE | |
| LEVEL / FLOOR: | |
| BUILDING: | |
| CONTACT NO: | |
| COST CODE: | |

Wellington Regional Hospital Access Groups

| GROUP | DESIGNATION / ACCESS GROUP |
|-------|---|
| 1. | Total Access Excluding Drug Repositories (requires approval from Executive Director CCSS) |
| 2. | Technical Services Staff |
| 3. | Pharmacists and Pharmacy Staff |
| 4. | COO, Executive Directors and Operations Managers |
| 5. | Designated Rad/B&CC Dr's Thrpsts and MRI Staff |
| 6. | Doctors Nurses and after Hours Cordordinators |
| 7. | All other Clinical, Technical, Administrative, Food, Laundry and SPC Staff |
| 8. | Security, Emergengency Management, Environmental Services, Clean, Waste and Supply |
| 9. | Admin Staff, Non Clinical, other than Environmental & Technical Staff |
| 10. | LMC's & Womans Health and contract Doctor's |
| 11. | Technical Services and Contractors |
| 12. | External and Volunteers |
| 13. | Nuclear Medicine – restricted access to B429 |
| 14. | Nuclear Medicine – restricted access to B419 |
| 15. | Brachytherapy HDR treatment entry |
| 16. | CTU – restricted access |
| 17. | ICT Storage Room - restricted access |

Replacement card – please provide previous access card number :

Reason for Replacement:

Requestor (printed)

Requestor Signature

Date

Manager (printed)

Manager Signature

Date