

AUTHORISATION FOR IDENTIFICATION (ID) CARD

Your attention please:

- The authorising manager completes this form then gives the form to the applicant needing an ID card.
- The applicant checks their personal details are correct, and takes this form to the Security Orderlies:
 - Between the hours of 10:30hrs to 12:00hrs and 13:30hrs to 15:30hrs Monday to Friday.
 - Level 2, Wellington Regional Hospital or Main Entrance, Kenepuru Hospital.
- If the applicant does not have an ICT Login User ID number, Security Orderlies will access a new number for the applicant. (this process will take a minimum of one day before the ID Card can be processed)
- Applicants bring personal identification (e.g. Drivers Licence, Annual Practicing Certificate, Passport) to prove identity.
- The applicant's photo will then be taken for the ID Card and the card will be given to the applicant while they wait (Wgtn) or the card will be ready for collection within three working days (Kenepuru & Kapiti).

Section 1: All details are required (please print clearly)

Is the card for: (select one option and delete other two)	C&CDHB Employee card valid for 2 years	Contractor (see 2.4) card valid for maximum 1 year	Special Staff Status (see 2.4) card valid for maximum 1 year
C&C DHB Employee	Number (staff only):	OH&S Health Clearance obtained: Yes	
		Date confirmed:	Mgr Initial
Surname Name:		First Name:	
		Middle Name:	
	Login User ID Number:		
Company Name (if the applicant is a contractor or will have special staff status)			
Position Designation:		Department or Ward:	
		Main Physical Address of Work:	
Department Cost Code:		Telephone Contact:	

Section 2: Reason for issuing Identification Card

1.	Commenced Employment as of (date):
2.	Lost Identification Card - Security notified as of (date):
3.	Change of position title as of (date):
4.	Has been granted Special Staff or Contractor Status at C&C DHB Start date : _____ End date : _____

Section 3: Authorisation to issue Identification Card

I authorise the issue of an Identification Card to the named person for the above reason.

Manager's Name:		
Manager's Designation:		
Manager's Signature:		Date:

Section 4: Identification verified

Security Orderly Name:		
Security Orderly Signature:		Date:

¹ This card will not be issued unless the Authorising Manager has received confirmation of the Employment Health Clearance from Occupational Health and Safety; the Authorising Manager is responsible.