

WELLINGTON REGIONAL HOSPITAL ACCESS CARD REQUEST

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:	
BUIDLING:	
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, Emergency 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

<p>Replacement card – please provide previous access card number :</p> <p>Reason for Replacement:</p>

Requestor (printed)

Requestor Signature

Date

Manager (printed)

Manager Signature

Date