

REQUEST FOR ID BADGE

Please email the completed form to workforce.information@wsh.nhs.uk and contact ext. 3055 to book an appointment. No ID photographs will be taken without an appointment.

Section 1 – to be completed by member of staff

Surname:	Forenames:
Contact tel no:	
Job Title:	Department:

Type of card required:

- ID Proximity Reader
 West Suffolk Professionals
 Paediatrics (Pink Card)

Type of existing card:

- ID Standard
 ID Proximity Reader
 CRB Checked

Reason for request:

- | | | |
|---|---|---|
| New Card <input type="checkbox"/> | Replacement Photo <input type="checkbox"/> | Change of Department <input type="checkbox"/> |
| Change of name + <input type="checkbox"/> | Additional Access <input type="checkbox"/> | Change of Job Title <input type="checkbox"/> |
| Additional Card <input type="checkbox"/> | Hospital Watch Rep <input type="checkbox"/> | Card/Broken Damaged # <input type="checkbox"/> |
| Replacement Card <input type="checkbox"/> | RPI Team <input type="checkbox"/> | Card Lost – Replacement* <input type="checkbox"/> |

+ Previous surname: _____

*Fee will be levied – go to General Office to pay fee & receipt must be attached to application form.

Old Card must be returned

^Restricted access; additional authorisation needed

Access Required to:

- | | | |
|---|--|---|
| A&E Admin <input type="checkbox"/> | Mortuary Corridor/JPS <input type="checkbox"/> | Pharmacy <input type="checkbox"/> |
| A&E Main Area <input type="checkbox"/> | Fracture Clinic <input type="checkbox"/> | Pharmacy Bulk Store <input type="checkbox"/> |
| A&E Minor Treatment <input type="checkbox"/> | Oncology In-patients <input type="checkbox"/> | Pharmacy Checking Room <input type="checkbox"/> |
| A&E Resus <input type="checkbox"/> | Oncology Out-patients <input type="checkbox"/> | Pharmacy Clean Room <input type="checkbox"/> |
| A&E Waiting <input type="checkbox"/> | Rainbow Ward F1 ^ <input type="checkbox"/> | Pharmacy Consumables <input type="checkbox"/> |
| A&E Viewing Room <input type="checkbox"/> | SCBU (Neo-natal Unit) ^ <input type="checkbox"/> | Pharmacy Controlled Drugs <input type="checkbox"/> |
| A&E Xray <input type="checkbox"/> | Shelley Ward F11 ^ <input type="checkbox"/> | Pharmacy Deliveries <input type="checkbox"/> |
| Antenatal ^ <input type="checkbox"/> | Theatres Front <input type="checkbox"/> | Pharmacy Emerg Collection <input type="checkbox"/> |
| Birthing Unit ^ <input type="checkbox"/> | Theatres Rear <input type="checkbox"/> | Pharmacy Inpatient Counter <input type="checkbox"/> |
| Breast Imaging <input type="checkbox"/> | Xray Department ^ <input type="checkbox"/> | G2 Entrance <input type="checkbox"/> |
| Cardiology <input type="checkbox"/> | EAU (Grd Floor) <input type="checkbox"/> | G2 Ward <input type="checkbox"/> |
| CDS <input type="checkbox"/> | EAU (Outside Grdfl) <input type="checkbox"/> | G2 Staff change <input type="checkbox"/> |
| CDU <input type="checkbox"/> | Health Records <input type="checkbox"/> | G6 <input type="checkbox"/> |
| CDU Courtyard <input type="checkbox"/> | MRI ^ <input type="checkbox"/> | G6A <input type="checkbox"/> |
| CDU Drug Store ^ <input type="checkbox"/> | MRI Waiting <input type="checkbox"/> | G7 <input type="checkbox"/> |
| Critical Care (ITU) <input type="checkbox"/> | Pathology <input type="checkbox"/> | G7 Entrance <input type="checkbox"/> |
| Critical Care Entrance <input type="checkbox"/> | | Roller Shutter <input type="checkbox"/> |

- | | | | | | |
|--------------------------|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|
| Education Centre Lobby | <input type="checkbox"/> | SSD 1 st Floor | <input type="checkbox"/> | Doctors Mess Corridor | <input type="checkbox"/> |
| Education Centre Library | <input type="checkbox"/> | SSD 2 nd Floor | <input type="checkbox"/> | Front Staff Entrance Area | <input type="checkbox"/> |
| DTC First Floor | <input type="checkbox"/> | SSD Ground Floor | <input type="checkbox"/> | Pathology Admin. | <input type="checkbox"/> |
| DTC Ground Floor | <input type="checkbox"/> | Cath Lab Corr.CC17.0 | <input type="checkbox"/> | Cedar House | <input type="checkbox"/> |
| DTC Reception | <input type="checkbox"/> | Cath Lab Corr.CC8.0 | <input type="checkbox"/> | Oak House Entrance | <input type="checkbox"/> |
| DTC Side & Rear | <input type="checkbox"/> | Cath Lab Corr.G6.26 | <input type="checkbox"/> | Oak House Stair Lobby | <input type="checkbox"/> |
| DTC Staff | <input type="checkbox"/> | Cath Lab Corr.G6.34 | <input type="checkbox"/> | | |
| DTC Waiting | <input type="checkbox"/> | Cath Lab Corr.G6D.07 | <input type="checkbox"/> | | |
| | | Cath Lab ECHO TOE G6.17 | <input type="checkbox"/> | | |

Additional Access required :

Section 2 – to be completed by Manager

Authorised by: _____

Print name: _____

Department: _____ Date: _____

Official Use Only

Section 3 – to be completed by ID photographer

Signature: _____

Date Card issued: _____

Old Card Number: _____ New Card Number: _____

Section 4 – to be completed by member of staff

New ID Card received: _____ Signature: _____