

Middlemore Hospital Carpark

	'5	MART' Card Applica	ation Form						
FIRST NAME	·								
LAST NAME	<u></u>								
E-MAIL ADDRESS	<u>.</u>								
HOSPITAL DEPT	<u>-</u>								
HOSPITAL EXT	:/PAGER:								
CONTACT PHONE	E :								
VEHICLE REGISTRATION:									
	Please circle one								
	WEEKLY ACCESS	S CARD		DAILY ACCESS CARD					
A Card will not be applying.	e issued unless the	vehicle registration	is included on	the form at the time of					
A hospital contac	t phone number is	mandatory							
i agree to Middlemore Carparking Limited holding personal information i have provided in this application to be used only in accordance with the Privacy ACT, 1993.									
i have read and agree to the Terms and Conditions of Parking as provided by Middlemore Carparking Limited.									
Please note that you wont get a refund of the unused money on your staff access card.									
Signature		***************************************	Date:	***************************************					
Office Use Only			· -	4. E.					
Smart Card Numb :									
Date Recieved									
Card Programmer :									
Date Completed	* *************************************								
Payment	Cash	Eftpos	Credit card	(Circle one only)					

Security Access & ID Card Request Form

		Surname		First Name			
Name:							
Position	:				J-H-	A	
Departn	nent:			Work Phone (Contact		
Location	n:						
Vehicle	Registration		REASO	ON FOR ID REQU	FST		
			The state of the s	TICK BOX ✓			
0	CM Health Staff		0	New Appoint	tment		
0	Consultant			Start Date: _			
0	Temporary Staff		0	Non-Perman	ent		
0	Contractor			Expiry Date:	/	<i>J</i>	
0	Spotless		0	Expired Card			
0	Student		0	Change of Na	ame		
0	Volunteer		0	Change of Po	osition or Ti	tle	
0	Interpreter		Lost or Stolen Card				
O	Other	Damaged Card					
PLEASE NOTE A COPY OF YOUR STAFF PHOTO WILL BE HELD ON YOUR ELECTRONIC PERSONNEL FILE FOR IDENTIFICATION PURPOSES		Other Reason					
EMPLOY	EE AKNOWLEDGE	WENT					
Signature	e:		Date:				
	PHOTO SESSIONS		_				
VENUE		DAY Friday	TIME	– 12.00 pm		LOCATION Security Services	
CM Healt	tt. 9156 for further	Monday – Friday		– 12.00 pm otions outside the	se hours	Old CCU Corridor, Room 19	
informati				y appointment on		•	
AUTHOR	RISATION						
Manager:							
Department/Service:			RC Code:				
Manager's Signature:			Date:				
		FOR SECURITY S	SERVICES	USE ONLY			
Date ID Card Issued:			sued by:	ed by:			
TERMS AND CONDITIONS							
	wing terms and condi	itions apply to the operation of this form:		tors and students.			

- Access cards are issued only to CM Health/healthAlliance employees, selected contractors and stu New and replacement cards cost \$15.00 each, charged to either the user or the relevant RC code. Charges for card are for the cost of the card, licence fee and handling fee. Cards must not be borrowed or lent and must be kept secure.

 Only one card will be issued to a user at any one time.

 Lost or stolen cards must be reported to Security, extn. 9156 CM Health.

 Cards must be surrendered when leaving the employment of CM Health/healthAlliance

- (b) (c) (d) (e) (f) (g)



