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| WESTERN HEALTH STAFF  IDENTIFICATION/SECURITY ACCESS/  CAR-PARKING FORM  wh_logo |

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| **PLEASE SUBMIT COMPLETED FORM TO:**  **New cards** - Security Services Office during daily scheduled hours:  8am to 10am and 3pm to 5pm 7 days a week.  **Access updates** – scan and email to [**WH-SecurityID@mh.org.au**](mailto:WH-SecurityID@mh.org.au) | | |
| This is a two-sided form please print out both sides of application. To avoid delays in processing please ensure all sections are completed.  This form is to be used by:   1. New employees applying for an identification badge and / or security access   OR   1. New staff applying for car-parking access   For existing employees who require: a replacement ID card; an upgrade to their ID Card; or to change current car parking payment arrangements please use the “Identification Card Replacement/Adjust or Cease Car parking Form”. | | |
| Reason for Request*:*  New Employee  Existing Employee – Change to Security access or Car Parking Access | | |
| *Personal Details* | |  |
| Surname: | Given Name: | |
| Position Title: | Department: | |
| Contact No: | Employee No.: | |
| ID Card No: |  | |
| *Security door access will be assigned based on position and department. Any additional access requirements please email* [*WH-SecurityID@mh.org.au*](mailto:WH-SecurityID@mh.org.au) | | |
| Primary Campus: *(tick only one campus)*  Sunshine  Footscray  Williamstown  Sunbury  Hazeldean | |  |  | | --- | --- | | Secondary Campus: *(If applicable tick only one campus)*  Sunshine  Footscray  Williamstown  Sunbury  Hazeldean | Sunbury  Hazeldean | | |
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| *CAR PARKING ACCESS:*   |  | | --- | | *CAR PARKING WAIT LIST CONDITIONS ARE CURRENTLY ENACTED AT FOOTSCRAY* | | |  | | --- | | **Irrespective of wait lists the following staff will be given unrestricted staff car parking access:**   * Medical staff; and Staff who routinely work “on call” * Staff who routinely work across Footscray and Sunshine sites in the course of a working day/shift (i.e. attend two sites within a normal shift); * Security * Volunteers   **I**nsert role title and description to validate requirement:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Please nominate your elected payment method:***  Payroll Deduction ($62.00 per fortnight)  Pay As You Go (PAYG) – ($6.20 per day) Permanent Staff  Pay As You Go (PAYG) – ( $7.80 per day Casual Staff)  Effective Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Vehicle D*etails:***  Make /Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration No: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Do you wish to be placed on the Western Health Car Parking Wait List for Footscray YES / NO*  Note: Staff placed on the wait list will have parking access between 5.00pm to 6.00am weekdays; and 5.00pm Friday to 6.00am Monday morning) at the PAYG staff rate. | |   *For further* information/clarification regarding car parking, please email [WH-Carpark@wh.org.au](mailto:WH-Carpark@wh.org.au)  ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ | | |
| ***Individual Declaration***   |  |  | | --- | --- | | I hereby apply for car parking/Identification/security access within Western Health campuses. In doing so I acknowledge that I have read and agree to abide by the Western Health Policy and Procedures as they relate to car parking/access. I also authorise deductions for car parking access (as requested above) from my salary/wages. This includes periods when I am on leave (subject to Health Service Policy). Car Parking Salary Deduction does not represent a right to car parking, but represents a priority to car parking allocation.  I also agree to return my identification card to Security Services located at Footscray or Sunshine Hospital, when I cease employment or no longer require identification/security access within the Health Service. Failure to return an ID card or wilful damage to or loss of an ID card will incur a $25.00 replacement fee. | | |  | | | Signature: | Date: |  |  |  | | --- | --- | | Manager’s Name: | Contact No.: | | Manager’s Signature: | Date: |   ***Office Use Only:***   |  |  |  |  | | --- | --- | --- | --- | | ***SECURITY:*** | | | | | New access card no. Issued: | ID image saved as: | Date notified ID available for collection: | Date issued: | | ***CAR-PARKING:*** | **Main WH**  **Executive WH**  **(Payroll deduction - Key Tag access only)** | **Pridham WH** | **Northern WH** | | ***PEOPLE SERVICES***  **Wait List:** | **Public SH**  **Portable SH**  **SMS SH**  **YES / NO**  Sunshine | **Car Park 1 (1030am)**  **Car Park 2 (Medical)**  **MDCP (Car Park 3)**  Footscray | **WCHRE SH**  **Executive SH (Payroll deduction - Key Tag access only)** | | | | |