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| WESTERN HEALTH STAFFIDENTIFICATION/SECURITY ACCESS/CAR-PARKING FORMwh_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** |
| 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

 OR1. 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* |
| Primary Campus: *(tick only one campus)* [ ]  Sunshine [ ]  Footscray [ ]  Williamstown [ ]  Sunbury [ ]  Hazeldean |

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| Secondary Campus: *(If applicable tick only one campus)* [ ]  Sunshine [ ]  Footscray [ ]  Williamstown [ ]  Sunbury [ ]  Hazeldean |  [ ]  Sunbury [ ]  Hazeldean |

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| *CAR PARKING ACCESS:*

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| *CAR PARKING WAIT LIST CONDITIONS ARE CURRENTLY ENACTED AT FOOTSCRAY*  |
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| **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. |

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*For further* information/clarification regarding car parking, please email WH-Carpark@wh.org.au­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­  |
| ***Individual Declaration***

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| 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. |
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| Signature:  | Date:  |

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| Manager’s Name:       | Contact No.:       |
| Manager’s Signature:       | Date:       |

***Office Use Only:***

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| ***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)** |

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