**SECURITY IDENTIFICATION PASS (MEDICAL & DENTAL STAFF)**

*New SIP:*

*Previous SIP:*

YORK & SCARBOROUGH TEACHING HOSPITAL

FACILITIES MANAGEMENT

ID & Car Parking Office, MSCP

YO31 8HE

**PLEASE COMPLETE THIS FORM IN FULL BEFORE YOUR APPOINTMENT**

.If a new photograph is required, please email a passport style photo to **YorkSecurityIDandCarParking@ythfm.nhs.uk** or SGHSecurityIDandCarParking@YTHFM.NHS.UK

Opening hours are **09:00- 12:00 & 13:00 -16:00**, Monday –Friday

*Please tick the appropriate*

[ ]  **NEW STARTERS:** *I CONFIRM I HAVE READ AND COMPLETED THIS FORM IN FULL AND ON THE DAY OF MY PRE ARRAGNGED APPOINTMENT I WILL ALSO BRING A FORM OF PHOTO ID (DRIVING LICENCE/ PASSPORT) ALONG WITH THIS FORM.*

[ ]  **BADGE RENEWALS:** *I CONFIRM I HAVE READ AND COMPLETED THIS FORM IN FULL AND ON THE DAY OF MY PRE ARRANGED APPOINTMENT I WILL ALSO BRING MY OLD BADGE(S) ALONG WITH THIS FORM.*

[ ] **LOST/ BROKEN BADGE(S):** *I CONFIRM I HAVE READ AND COMPLETED THIS FORM AND HAVE NOTIFIED THE ID OFFICE IN ORDER TO ARRANGE A “LIKE-FOR-LIKE” REPLACEMENT.* ***-OPTION NOT AVAILABLE FOR EXPIRED ID BADGES (SEE OPTION 2)***

**SURNAME:**

**PREFERRED FORENAME TO APPEAR ON PASS:**

**FORNAME(S):**

**DATE OF BIRTH:**

**TITLE** (Mr/Mrs/Miss/Dr etc.):

**PROFESSIONAL BODY REGISTRATION:**

**CONTACT NUMBER:** 7

**EMPLOYER** (If not York Teaching Hospital NHS Trust employee)

**TYPE OF CONTRACT PERMANENT (**or **TEMPORARY** you must give termination date**):**

**DIRECTORATE:**

**WORKBASE/ SITE:**

**JOB TITLE** **(MAX 32 CHARACTERS including spaces):**

**WARD/ DEPARTMENT:** ……………………………………….……………………………………………..……………

**RETIRED STAFF: YES / NO (**If YES then £2.00 to be paid at Cashiers Office)

**EXISTING BADGE No (if applicable):** …………………………………………………………… Signed by Cashier as paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORISED SIGNATORIES ONLY** PLEASE ENSURE THE FORM IS **FULLY COMPLETED BEFORE SIGNING**. PHOTOCOPY SIGNATURES WILL NOT BE ACCEPTED UNLESS OTHERWISE CONFIRMED BEFORE THE APPOINTMENT.

**I CONFIRM THAT** (Candidates Name):

**IS EMPLOYED AND/ OR WORKS IN THE AREA STATED OR HAS RETIRED FROM THE AREA STATED AND IS AUTHORISED TO APPLY FOR AN SIP BADGE.**

**AUTHORISED SIGNATURE:**       **DATE**:

**PRINT NAME AND JOB TITLE:**

**CONTACT PHONE NUMBER/ EXTN/ BLP:**

**PLEASE SPECIFY REQUIRED ACCESS:** ……………………………………………………………………..…………………………………………………….

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