**S**ECURITY **I**DENTIFICATION **P**ASS

*New SIP:*

*Previous ID Badge number:*

YORK & SCARBOROUGH TEACHING HOSPITALS

FACILITIES MANAGEMENT

General Office, Scarborough Hospital

Woodlands Drive, Scarborough YO12 6QL

**PLEASE COMPLETE THIS FORM IN FULL,** then either email or deliver to the General Office. If a new photograph is required, please email a passport style photo to SGHSecurityIDandCarParking@YTHFM.NHS.UK

 Any enquiries then please contact the General Office on extension **(771) 2216 or (01723) 342216** externally.

Hours are **09:00 - 16:00**, Monday –Friday.

*Please tick the appropriate*

1. **NEW STARTERS:** *I CONFIRM I HAVE READ AND COMPLETED THIS FORM IN FULL AND EMAILED A PASSPORT STYLE PHOTOGRAPH OF MYSELF, PREFERABLY WITH THE FORM. I WILL BRING A FORM OF PHOTO ID (DRIVING LICENCE/ PASSPORT) WHEN I PICKED MY BADGE*
2. **BADGE RENEWALS:** *I CONFIRM I HAVE READ AND COMPLETED THIS FORM IN FULL AND EMAILED A PASSPORT STYLE PHOTOGRAPH OF MYSELF,* ***IF*** *YOU WOULD LIKE A NEW ONE OR HAVE CHANGED MUCH. PREFERABLY EMAIL A PHOTOGRAPH WITH THE FORM. I WILL RETURN MY OLD BADGE(S) WHEN I PICK UP MY NEW BADGE*
3. **LOST/ BROKEN BADGE(S):** *I CONFIRM I HAVE READ AND COMPLETED THIS FORM AND HAVE NOTIFIED THE GENERAL 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:** ……………………………..……………………………………..**GMC/GDC/NMC/HPC/RPSGB**

**CONTACT NUMBER:** ……………………………………………………………………………………………………………………………………………..……..

**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)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: Roxanne Joy Temporary Staffing Team Leader**………………………………………………………………………………………………………………………………………

**CONTACT PHONE NUMBER/ EXTN/ BLP:** ……01723 385265……………………………………………………………………………………………………………………………

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

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