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

*New SIP:*

*Previous SIP:*

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

FACILITIES MANAGEMENT

ID & Car Parking Office, MSCP

YO31 8HE

**PLEASE COMPLETE THIS FORM IN FULL,** then email to [mso@york.nhs.uk](mailto:mso@york.nhs.uk) If a new photograph is required, please email a passport style photo to [mso@york.nhs.uk](mailto:mso@york.nhs.uk) as well.

Any enquiries then please contact the General Office on extension **(772) 5250 or 5356**

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

*Please tick the appropriate*

1. **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.*
2. **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.*
3. **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:** ……………………………..……………………………………..**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)

**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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