

Identification and Access Application/Amendment Form

How to complete this form

- Applicant prints and completes page 1 of the form, and signs the Declaration on page 2.
- Approver signs the Authorisation on page 2, then scans and emails the form to the relevant area via their SA Health account a minimum of **24 HOURS BEFORE** one of the available photograph sessions on: **Tuesday and Thursday 1pm – 4pm**, or **Wednesday 8am – 11am**. Noarlunga hours are **7.30am – 3.30pm, Monday to Friday**.
- Email completed forms to:
 - **Flinders Medical Centre** - FMC.SecurityDesk@sa.gov.au
 - **Repat Health Precinct** - HealthRepatSecurity@sa.gov.au
 - **Noarlunga Hospital and GP sites** - Kellie.Squire@sa.gov.au (Noarlunga Site and Asset Services)
- Individuals who are not directly employed by SALHN will need to provide identification (driver's license or student ID) when attending the photograph session.
- Notes: - (*) Cards may be issued with a First Name only provided that a payroll number is provided
 - (*) Permanent access cards will not be issued to temporary staff (less than 6 months) or to non-paid persons such as trainees, visiting professions and some student groups including work experience. These individuals may be issued with a Standard ID card and / or Temporary Access Card on request.

Applicant

Surname: First name:

Name on Card: First Name only* Both Additional Information eg Title (DR): ...

Job Title: Department and/or Division:

Contact Number/Pager: Payroll number:

Employment Status: Ongoing Volunteer Temporary – Finishing Date:

Other:

e.g. Student, SA Health workforce, Flinders University employee, Agency

Access Requirements

Card Type: ID Card Access Card # Temporary Access Card

Reason for application: New access Modified access (specify changes in 'Access Level' below)

Facility/Location: Flinders Medical Centre Noarlunga Hospital
 Repat Health Precinct – Building Number/Name:

e.g. Building 11 SADU Ward, or Building 147 Level 3 Rehab RV

Other SALHN Sites – Building Number/Name:

e.g. Marion GP Plus, Noarlunga GP Plus, Noarlunga Village (Dental Building)

Access Level: (include as much detail as possible to clarify permissions – do not request 'whole of site access' unless appropriate)

Standard Access Details:
 (Excludes access to drug cabinets)

e.g. External doors only, Ancillary staff full access, ICCU RN full access ICCU, Doctor Division of Medicine full access all clinical

Complex Access Details:
 (Includes access to drug cabinets, Pharmacy or Executive suite)

e.g. RN full access plus drug cabinet, ICCU RN full access plus MET plus drug cabinet, Nursing Director Medicine full access all clinical plus Executive suite, Pharmacy access

Security Pad Code:
 (Specify 6 digit number)

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Declaration

I acknowledge, that as an Access / ID card holder, I am responsible for:

1. Wearing my ID card (ensuring the photo is visible) at all times whilst on SALHN premises.
2. Reporting any lost, stolen or damaged cards to my line managers as soon as possible.
3. Storing cards in a secure manner when not in use.
4. Reporting any suspicious persons, security issues or breaches of the Security and Access Control Policy to my line manager as soon as possible.
5. Reporting any problems with access control devices, duress alarms or other warning systems in my work area to my line manager as soon as possible.
6. Returning my ID card and/or Access card to onsite Security or my line manager at the completion of my employment.

Applicant Signature: **Date:**

Authorisation

Note: This form can only be authorised by a line manager or Department / Division Head who is an SA Health employee or who has delegated authority to authorise this approval.

I confirm that the applicant is an authorised worker and requires appropriate security access to the areas listed on page 1.

Name: Position title:

For Trainee Medical Officers only: TMOU Manager confirmation must be obtained to confirm that the applicant has appropriate medical credentialling at SALHN. Please liaise with the TMOU for authorisation: healthtmouhumanresources@sa.gov.au

TMO Unit Manager Approver: **Date:**

Office Use Only

Officer processing request:

Photo taken date:

Picture number:

Authorisation checked

Modified card access

Lost replacement

If temporary access card, log sheet updated

Access Card number:

Door group:

Alarm group:

Card produced date:

File/Card number:

Card Collection

Card Collected by: Position Title:

Signature: Date:

For more information

Southern Adelaide Local Health Network
Disaster Resilience Unit
Flinders Medical Centre
Bedford Park SA 5042
(08) 8204 4040



This document has been reviewed and endorsed by consumers.



Government
of South Australia

Health
Southern Adelaide
Local Health Network