



ACCESS CARD REQUEST FORM

Appointment Booking Required
Please use the link below or the QR Code

https://www.supersaas.com/schedule/WDHB_security/Security_booking



Name:

Position:

Department: **Employee Number:**

Contact:

Email address:

Vehicle Details:
(Including Motor Cycles & Scooters)

Registration	Make
1.	1.
2.	2.
3.	3.

REASON FOR REQUEST

NEW STAFF

Start Date ___/___/___

***proof of identity is required/driving licence or passport ***

RENEWAL

Expired Card

OTHER

Change of Name, Position or Title

Lost, Stolen or Damaged Card

Card Accessories: TICK BOX ✓

Pull Clip

Lanyard

Card Holder

PHOTO CONSENT

We'd like to use your staff photo for internal communications and internal applications like OrgPlus, employee dashboards and reporting tools.

I do consent for Waitematā DHB to use my staff photo for internal communications and applications

I do **not** consent for Waitematā DHB to use my photo for internal communications and applications

EMPLOYEE

Signature:

Date:

AUTHORISATION – PLEASE PRINT

Manager Name

RC Code

Manager's Signature:

Date:

Please tick one

Shift Worker

None Shift Worker