

I D BADGE REQUEST FORM - QUEEN ELIZABETH UNIVERSITY HOSPITAL

PLEASE NOTE YOUR FORM **MUST** BE SIGNED BY YOUR GENERAL MANAGER

TITLE I.E. DR _____

FIRST NAME: _____

SURNAME: _____

JOB TITLE: _____

LOCATIONS REQUIRED TO BE ACCESSED IN NSGH: _____

SIGNATURE OF GENERAL MANAGER: _____

GENERAL MANAGER'S NAME : _____

LINE MANAGER'S NAME & PHONE NUMBER _____

ID BADGE SESSIONS ARE HELD IN ROOM 013 GROUND FLOOR LABORATORY MEDICINE BUILDING BETWEEN 9AM AND 10AM

NO BADGE WILL BE ISSUED WITHOUT GENERAL MANAGER'S SIGNATURE - PROOF OF IDENTIFY THIS CAN BE PREVIOUS I D BADGE, PAY SLIP, START DOCUMENTATION

Please complete all information requested above

For Internal Use Only - Photo Number: _____