# APPLICATION FOR PERSONAL IDENTIFICATION/ACCESS CARD

# (PLEASE NOTE, THIS FORM IS FOR CPFT STAFF ONLY)

Personal details (to be completed by all applicants in BLOCK CAPITALS)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: (Mr, Mrs, Dr etc) | |  | | |
|  | | | | |
| First Name: |  | | Surname: |  |
|  | | | | |
| Job Title: |  | | | |

### Declaration of Applicant

This Trust allows the Data Protection principles of keeping relevant, accurate and up to date information. When you sign your application you agree the Trust can collect information about you and store it on the NHS database. It will be used for analysis and management of access to Cambridgeshire and Peterborough NHS Foundation Trust.

I understand that as a holder of a Cambridge & Peterborough Foundation NHS Trust ID/Access Card, I am responsible for its safekeeping. In the event of loss I agree to pay the fee of £5.00 for a replacement card, to inform [idcards@cpft.nhs.uk](mailto:idcards@cpft.nhs.uk) and raise a Datix incident.

Signed………………………………………………… Date……………………….

**To be completed and signed by line manager:**

Please indicate whether this member of staff requires access to any of the buildings subject to access control below. Please tick all that apply:

|  |  |  |  |
| --- | --- | --- | --- |
| 1 The Drive |  | Elizabeth House |  |
| 136 Suite |  | George Mackenzie |  |
| 169 London Road |  | Mulberry 1 |  |
| 17 Bridge Street/Town Hall |  | Mulberry 2 |  |
| 53 Thorpe Road |  | Mulberry 3 |  |
| Addenbrookes |  | Newtown Centre |  |
| Agenoria House |  | Phoenix |  |
| Alan Conway Court |  | Phorpres Close |  |
| Autism Centre |  | Redshank House |  |
| Block 19/20 Ida Darwin |  | Resource Centre |  |
| Block 20A Ida Darwin |  | Springbank |  |
| Brookside |  | Tenison Road |  |
| Commerce Road |  | Union House/Chesterton M C |  |
| Croft |  | Willow |  |
| Denbigh |  | Windsor Offices |  |
| Douglas |  |  |  |

When you sign this form, you authorise that the details entered on the form are correct. Your signature on this form will be used to authorise entry to appropriate areas of the Trust’s buildings where access controls have been installed.

**I have checked the information provided on this form and hereby authorise the request for personal identification/access card, detailed above:**

**Line manager** (print name):……………………………..…………………………

Signed…………………………………………….. Date…………………………..