

ACCESS CONTROL – CARD APPLICATION FORM

FACULTY/DIRECTORATE						
OR CONTRACTOR NAME						
COST CODE						
SURNAME OF APPLICANT:						
FORENAMES:						
STAFF STUDENT NUMBER:			JOB TITLE/POSITION:			
ACCESS GROUP NAME:						
NAMES OF DOORS REQUIRED:						
(Office Mode required? Y	/ N)					
Type: (please tick)	Undergraduate	Postgradua	te Contra	actor	Staff	
Card Expiry Date:						
Applicants signature:						
If contractor please give Sponsor name and contact details:						

FACULTY/DIRECTORATE AUTHORISATION

Name:	Position:
Signature:	

Security checks will be carried out prior to issue to ensure validity of application. Please allow 2 full working days from submission to collection:

CAMPUS OPERATIONS AUTHORISATION

<u>Please note all individual (rather than previously agreed groups)SALTO door access cards for academic</u> <u>campuses should be authorised by the Facilities Director</u>

Validation Checked YES/NO:	Signature and printed name of authoriser:
Access Group Allocated:	
Salto issued expiry date:	Cardax issued expiry date:
Date of card issue:	• •

Managers are reminded that by authorising access to those staff and students in their area during out of hours or controlled access periods, that they are accepting responsibility for ensuring that appropriate risk assessments have been carried out and the briefing of and adherence to the relevant University health and safety policies.