CP1

STAFF CAR PARK

REGISTRATION FORM

Date of Issue: (Form Only)

APPLICANT DETAILS

Name: _____

Home Post Code: _____ Registered Disabled: Yes / No) _____

Grade: _____ *Classification: (see Below) _____

Permanent / Temporary: _____ Contracted Hours: _____

Shift Details: Day ☐ Night ☐ Both (regularly) ☐ On Call ☐

Working Hours: _____

_____

Department / Location: _____

Office Telephone Number / Bleep Number: _____

CAR DETAILS

Registration: _____ Make: _____

Colour: _____

CONFIRMATION:

Date Card Required: _____

Signed: (Applicant) _____

Authorised: (Department Manager) _____

CARK PARK OFFICE USE

Card No: _____ Date of Issue: _____ Expiry Date: _____

Programmed By: _____ Access: _____

Users Signature: _____

D/base Entry: _____ Category: _____ Department: _____

Forms should be completed and returned to **Security Centre, Terraced Car Park, Ulster Hospital**

*** Select from: Nursing, Medical, AHP, Management / Admin.; Ancillary & General, Maintenance or Other**