

## Photographic ID Request Form

### Line Managers

This form must be completed for each member of staff. All details must be completed.

<b>Name of Employee</b>	
<b>Staff Number</b>	
<b>Department/Facility Address</b>	
<b>Contact Telephone</b>	
<b>Designation</b>	
<b>Reason for Photographic ID</b> New Start                      Broken/Damaged Stolen                              Lost                                      Other	
<b>Access required to the following areas:</b>  	
<p style="color: red;">NB: If any member of staff do not bring this form with them on the day of the ID session an ID card will not be issued.</p>	
<b>Print Name</b>	_____
	<b>Line Manager</b>
<b>Signature</b>	_____
	<b>Line manager</b>
Directorate of Acute Services Craigavon Area Hospital, 68 Lurgan Road, Portadown <b>Email:</b> <a href="mailto:laura.stothers@southerntrust.hscni.net">laura.stothers@southerntrust.hscni.net</a>	