



# GREEN PERMIT & ACCESS CARD APPLICATION

Green permits allow Waitemata DHB staff to park on-site in the areas designated "Green Permit". Availability of parking on Waitemata DHB sites is limited and is not guaranteed for any staff member.

Entry to staff car parks is by a WDHB parking card that grants entry to car parks. This is different to the staff I.D card.

Staff who commute to work on scooters and motorcycles must register their vehicles with Traffic Services and park in the designated cycle parking areas. They are not required to display a permit.

Please complete all fields below.

**Please clearly print the following details:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Department: \_\_\_\_\_

Vehicle details:			Office Use Only	
Registration	Make	Model	Permit #	Access Card #

**Motor cycles & scooters:**

Registration	Make	Model

**Vehicles to remove from database:**


**Which site do you usually work at: (circle)**

NSH	WTH	Mason	Other (Specify)

I agree to comply with the WDHB Parking Policy and *The Conditions of Entry & Limitation of Liability*. I understand that my vehicle may be towed away at my expense if I do not comply with these conditions.

I will update my details with Traffic Services as soon as possible if the above details change. I will notify Traffic Services if I leave the employ of WDHB.

I will ensure that my Green parking permit remains in-date and renew it prior to its expiry.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward this form to Traffic Services, North Shore Hospital Campus. If you have any queries please contact Traffic Services on ext 2089 or 2005.

# ID-Card Request Form

**THIS APPLICATION WILL NOT BE PROCESSED WITHOUT YOUR MANAGERS SIGNATURE & RC CODE  
Large Groups by Appointment only**

Name:

Position:

Department:  Location:

**STATUS:** TICK BOX ✓

- WDH B Staff
- Health Alliance Staff
- Temporary Staff
- Consultant
- Contractor
- Student
- Volunteer
- Interpreter
- Other

TICK BOX ✓

I DO NOT CONSENT TO WDH B TO USE MY STAFF PHOTO ID FOR ANY OTHER INTERNAL COMPANY PHOTO PURPOSES.

**REASON FOR ID REQUEST:** TICK BOX ✓

New Appointment - Start Date: \_\_\_/\_\_\_/\_\_\_

Non-Permanent - Expiry Date: \_\_\_/\_\_\_/\_\_\_

- Expired Card
- Change of Name
- Change of Position or Title
- Lost or Stolen Card
- Damaged Card

Other Reason

.....  
.....  
.....

**EMPLOYEE ACKNOWLEDGEMENT**

Signature:  Date:

**CARD ACCESSORIES** TICK BOX ✓

Pull Clip \$7.00

Neck Lanyard \$2.00

**ID CARD PHOTO SESSIONS**

VENUE	DAY	TIME	LOCATION
<b>Waitakere Hospital</b> Phone ext. 7965 for further information	Wednesday	9:30am – 11:00am & 1:30pm – 3:00pm	Security Office Rear of Outpatients 2
<b>North Shore Hospital</b> Phone ext 3814 for further information	Tuesday and Thursday Wednesday	9.30am – 2.30pm 7:15am – 7:45am	Security Office Lower ground floor next to SSU

**AUTHORISATION – PLEASE PRINT**

Manager Name:

Department/Service:

RC Code:

Manager's Signature:

Date:

**FOR SECURITY SERVICES USE ONLY / IDENTIFICATION SIGHTED & APPROVED**

DRIVING LICENCE	PASSPORT	OTHER (eg 18 Plus Card)
Date ID Card Issued: .....	Issued/Approved by: .....	

**TERMS AND CONDITIONS**

The following terms and conditions apply to the operation of this form:

- (a) Access cards are issued only to WDH B/healthAlliance employees, selected contractors and students.
- (b) Charges for card are for the cost of the card, licence fee and handling fee.

- (c) Cards must not be borrowed or lent and must be kept secure.*
- (d) Only one card will be issued to a user at any one time.*
- (e) Lost or stolen cards must be reported to Security, extn. 7965 WDHB or 2075/3814 NSH*
- (f) Cards must be surrendered when leaving the employment of WDHB/CMDHB/healthAlliance.*