I.D. Number…………………

**IDENTIFICATION BADGE FORM**

PLEASE COMPLETE IN CAPITAL LETTERS

STAFF GROUP: PERMANENT / TEMPORARY / BANK / VOLUNTEER

(Please circle as appropriate)

NAME: ……………………………………………………………………………………………….

JOB TITLE/DESIGNATION:.………………………………………………………………………

DEPARTMENT:.…………………………………………………………………………………….

FULL WORK ADDRESS:…………………………………………………………………………

……………………………………………………………………………………………………………

…………………………………………………………………………………………………………...

TEL/EXT NUMBER: …………………………………………………………………………………

MANAGER: …………………………………………………………………………………………....

PLEASE TICK WHERE APPLICABLE:

* I am New Staff 
* I am renewing my I.D. Badge 
* I have lost my I.D. Badge 
* I return my old I.D. Badge 

Please note that if you are RENEWING your I.D. your OLD badge will be collected on your receipt of your new I.D. card