

Application Form for ID Badge/Security Access

Name of Applicant: BLOCK LETTERS ONLY _____ NEW BADGE NUMBER

Hospital: BLOCK LETTERS ONLY Broomfield Hospital Department Base: BLOCK LETTERS ONLY Hospital Radio

Job Title: BLOCK LETTERS ONLY Hospital Radio Volunteer Date: _____

Tick Required Access:	✓	Tick Required Access:	✓	Tick Required Access:	✓
Accident & Emergency Dept.		Galbraith House		Porter Access*	
Adult Burns Rehab*		Goldhanger Ward E222		Post Room Access*	
Anaesthetic ODP		Goods Receiving		Postnatal Ward A405*	
Antenatal Ward A404*		Hard FM Corridor		Radiology	
Baddow Ward C250		HCA or HCSW		Rayne Ward A304	
Bank Nurse		Heybridge Ward A303		Renal Unit	
Billericay Ward E321		Histology		Secretaries	
Braxted Ward C251		HSDU		Security & Porters Access*	
Broomfield Court & Annex		ICU/HDU E226*		Soft FM Zone*	
Broomfield Court Basement		ITU Burns*		St. Andrews Theatres	
Broomfield Theatres		John Ray Ward E323		Staff Nurse	
Burns OPD		Labour Ward A402*		Stock Ward E320	
Cardiac Department		Lister Ward C451		Stroke Unit E125	
Catering Department		Matron or Lead Nurse		Student Nurse	
Central Female Change Area		Mayflower Ward E322		Switchboard*	
Central Male Change Area		Medical Photography		Terling Ward A305	
Children's Burns Unit E225*		Medical Records 1st Floor*		Theatre Admissions B344	
Consultants		Medical Records*		Theatre Female Change Area	
Danbury Ward A302		Medical Students		Theatre Male Change Area	
Day Centre (Pain Clinic)		MH DU A211		Theatres	
Day Therapies		Nash Room		Therapy Department	
Diabetic Centre		Neonatal A406*		Ward B19 (Closed)	
Doctors		Network Support		Ward B2 (Closed)	
Domestic Services		New Eye Theatre (Day Stay)		Ward B3 (Closed)	
Early Pregnancy C450		Notley Ward E223		Ward B4 (Closed)	
Education & Training Centre		Pathology Laboratory		Ward B6 (Closed)	
Emergency Assessment Unit		PFI Outpatients Dept.		Ward B7 (Closed)	
Emergency Short Stay		Pharmacy Outer Door		Ward B8 (Closed)	
Eye Clinic		Pharmacy Restricted*		Ward B9 (Closed)	
Eye Theatre		Phoenix Ward B122		Writtle Ward C450	

Signature of Applicant: _____

Service or Line Managers Authorisation Signature:

BLOCK LETTERS ONLY

Print Name: _____ Signature: _____

* Denotes a specific signature is required from the Senior Manager of that department or area described. An email from the manager responsible for that area must be brought with the applicants name clearly included as evidence that authorisation has been granted to this secure area. (NO EXCEPTIONS)