**South Tyneside and Sunderland**

**NHS Foundation Trust**Staff Identification Badges – Registration Form

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| --- | --- |
| **Date:**  | **Photo: see attached** |

Please complete (Print) all sections below.
**ALL NEW STAFF WILL BE REQUIRED TO PRODUCE PHOTOGRAPHIC ID**

|  |
| --- |
| **First Name:**  |

|  |
| --- |
| **Surname:**  |

|  |
| --- |
| **Payroll Number:**  |

|  |
| --- |
| **Employers Name: South Tyneside and Sunderland NHS Foundation Trust**  |

|  |
| --- |
| **Job Title / Position:**  |

|  |  |
| --- | --- |
| **BASE: Sunderland/South Tyneside** | **CAR REGISTRATION:**  |

|  |
| --- |
| **Mothers Maiden Name** This information will only be used to confirm the identity of the badge holder in cases of queried identification  |

**Do you need a Lanyard Y/N Do you need a Badge Holder Y/N**

|  |  |
| --- | --- |
| **Letter of Access / Managers Authorisation**  |  **N/A** |
| **Photo ID**  | **N/A** |

**All information is strictly confidential**