

Staff/Contractor ID Card Application

ID Cards Building C18, Union Complex University of New England Armidale NSW 2351 security@une.edu.au | 6773 2099

Identification will be required to support this application such as a valid Australian drivers licence, passport or proof of age card. Original documents may be viewed by Security Staff for verification. Documents sent by mail are to be **copies only**. Copies must be **legible** and **certified** by an authorised person. An authorised person may include a Justic of the Peace, Public Notary, Police Officer, Sheriff, Registered Medical practitioner, Bank Manager or Minister.

Applicant Details

Applicant Type:	Contract	or Staff	ID No.					
First Name		Last Nam	Last Name					
Dept/Company			Position					
Postal Address				City				
State		Post Code		Phone				
Email								
 I will pick up my ID card from the Safety, Security & Information office Please post my ID card to the address provided above ☐ I certify that the information provided above is true and correct. ☐ I understand that any card/s issued to me remain the property of the University of New England and must be presented to an approved officer upon request. ☐ I understand that if the card is lost, damaged, or becomes unusable in any way it is my responsibility to have it replaced and that I am liable for the costs associated with replacement. ☐ I understand that if I require Electronic Access to be associated with this card it is my responsibility to obtain the necessary approval and submit and Electronic Access Request Form to the relevant administrative area. 								
Signed by Applica			'		ate	/	/	
3 , Ph						,	,	
Approval Details (Head of School/Head of Directorate/Cost Centre Manager)								
Application is:	Part-Time		Contract	Casual	Expiry:	/	′ /	
First Name			Last Name					
Position			Phone/Ext					
Signed by Approv	/er			D	ate	/	/	
Office Use Only								
Site Induction:	Yes	No N/A		ID Sight	ed: Y	es	No	
First Name			Last Name					
Signed by the Office				D	ate	/	/	