Facilities Management Services

Request for Non Standard Cardholder Account

Use BLOCK letters and write within boxes provided

**APPLICANTS DETAILS**

Surname: ____________________________________________

First Names: ____________________________________________

Date of Birth: ______/____/____

Contact phone number: ________________________________

Email: ____________________________________________

By signing this form you agree to abide by the Key & Access Control Card Policy.

This document can be viewed at http://www.scu.edu.au/facilities

You must also read the **Printing and Copying Services Terms and Conditions** before you use the printing facilities and the **Library rules** before using the Library.

Signature: ____________________________________________

**TO BE COMPLETED BY UNIT**

Card Expiry Date: ______/____/____

Applicant is:
- Member of SCU Governing Body
- Trainee Staff
- Contractor (Business Name)___________________________________________________________
- Visitor
- English Language Student
- Other (Please Specify)______________________________________________________________

Description to be displayed on card: __________________________________________________

Unit Contact person (person to be contacted when account has been created.)

DO NOT SEND APPLICANT TO COLLECT CARD UN TILL YOU HAVE BEEN NOTIFIED BY SECURITY THAT ACCOUNT HAS BEEN CREATED

Phone: ____________________________________________

Email: ____________________________________________

Cost Centre: __________________________  Head of School / Unit Name: __________________________

Signature: ____________________________________________  Head of School / Unit: __________________________

Forward completed and signed form to gallagher.support@scu.edu.au

Incomplete forms will be returned.

Please allow a minimum of 48 hours for completion

**TO BE COMPLETED BY FACILITIES MANAGEMENT AND SERVICES**

Approved by Campus Services Supervisor

Signature: ____________________________________________

**TO BE COMPLETED BY SECURITY STAFF**

Cardholder created

by: ____________________________________________

Date: ______/____/____

Incomplete forms will be returned.