

# Auckland DHB Security ID Card request form



## When should I use this form?

Use this form if you're a Partner Organisation Member:

- A. Applying for an Auckland DHB Security ID Card, or
- B. Requesting to change the information previously supplied for your Security ID Card.

'Partner Organisation Members' provide services in partnership with Auckland DHB. Common examples include self-employed midwives, St John Ambulance workers, University students, people doing clinical work experience at the Auckland DHB (excluding self-employed midwives), healthAlliance workers, people working at onsite retail companies such as Jamaica Blue café, and non-Auckland DHB volunteers such as Red Cross volunteers.

## How do I complete the form?


- **The form must be completed digitally.** Manually completed (printed/written/scanned to email) forms are not accepted.
- **Red** indicates a field that must be filled in. **Forms will not be processed if information is missing or incorrect.**
- The Partner Organisation Member completes the first page, and then emails it to the Partner Organisation Manager or Student Liaison.
- The Manager or Liaison completes the next page and emails the completed form to [securityadmin@adhb.govt.nz](mailto:securityadmin@adhb.govt.nz)

## What else do I need to know?

- If you're a Partner Organisation Member who will be completing clinical work at Auckland DHB, you need to use the blue form to apply for an Auckland DHB Contractor Security ID Card. This excludes self-employed midwives but includes University of Auckland lecturers who are at Auckland DHB to work clinically as an Obstetrician.
- The ID Office does not issue physical keys or manage parking.
- If you need help to complete this form or want to contact the Security ID Office for more information, call 09-367 0000 (x25004) or visit us.

# Auckland DHB Security ID Card request form



 The Partner Organisation Member *digitally* completes this page, and then emails it to the Partner Organisation Manager or Student Liaison. **Red** means the information *must* be filled in.

## 1. Personal information

Provide your legal names and your preferred first name below.

Please note, your preferred first name and legal last name(s) will be printed on the Security ID Card.

First name(s)

Last name(s)

Preferred first name

## 2. Conditions

**Terms and Conditions of Auckland DHB Security ID Card issue** are that you must:

- Report lost Security ID Cards immediately to the Security ID Office (or, after hours call Security on x25007);
- NEVER share your Security ID Card. You will be held responsible if your card is misused;
- Keep your Security ID Card safe and secure. Treat it like your bank card or house keys;
- Wear your Security ID Card visibly at all times. Preferably wear it at chest height (unless your area directs otherwise);
- Return your Security ID Card when your time with the Auckland DHB ends; and
- Keep the details provided on this form up to date.

### Privacy statement:

The information provided on this form will be held in Auckland DHB's access control and security management system 'Gallagher™'. It will be accessed by authorised personnel only. You have the right to request a summary of your information held in Gallagher at any time.

### Auckland DHB Security Services' values:



**Welcome  
Haere Mai**

Open engagement; we listen;  
we help – atmosphere of  
care and safety



**Respect  
Manaaki**

We protect with respect for all  
people. We identify risks and  
de-escalate.



**Together  
Tūhono**

We are on the team with all  
ADHB people.  
We learn and share security in  
healthcare knowledge.



**Aiming high  
Angamua**

We aspire to provide the best  
hospital security services within  
the New Zealand context.

## 3. Acknowledgement

Complete the following:

I understand and accept the above Terms and Conditions;

I understand and accept the above Privacy Statement;

I have read and understand Auckland DHB Security Services' values;

A copy of my photograph can be used by my Auckland DHB service or department.

## 4. Authorisation

To sign off your request for an Auckland DHB Security ID Card complete the below then attach the form to an email to your Partner Organisation Manager or Student Liaison.

Full name

Date

# Auckland DHB Security ID Card request form



The Partner Organisation Manager or Student Liaison *digitally* completes this page, emails it as an attachment to [securityadmin@adhb.govt.nz](mailto:securityadmin@adhb.govt.nz), and receives an email when the card is ready to collect.

**Red** means the information *must* be filled in.

## 1. Employment Information

Please provide the Partner Organisation Members' position title and name of their Company/Organisation.

Position title

Company/Organisation Name

Please provide the Auckland DHB RC, the duration of the contract/placement, and brief information about where they will mainly work.

Responsibility Code (RC)

Contract/placement start date

Contract/placement end date

Site  
(i.e. Auckland City Hospital)

Building  
(i.e. Building 32)

Floor  
(i.e. Level 2)

## 2. Access

Access will be assigned as necessary based on the Partner Organisation Members' role(s) and location(s) of work at Auckland DHB, and the security classification of each area. If access is required to highly secured areas, additional authorization may be needed and the ID Office can help facilitate that process.

Please briefly summarise what access the worker requires:

## 3. Acknowledgment

I acknowledge I am responsible for ensuring the worker:

is aware of the policies associated with use of a Security ID Card at Auckland DHB;

has undergone or is due to undertake all necessary Health and Safety induction(s);

signs a confidentiality agreement;

passes a VCA check if they will be working in areas with children under 17 years – all persons being engaged to work for Auckland DHB will be required to undergo criminal vetting. Any positions working with or in the proximity of children require a higher level of criminal vetting clearance.

I will:

advise the Security ID Office if any of the Partner Organisation Members' details on this form change.

## 4. Authorisation

To sign off your request for the Partner Organisation Members' Auckland DHB Security ID Card complete the below and attach the form to an email to [securityadmin@adhb.govt.nz](mailto:securityadmin@adhb.govt.nz).

Please note this must also include the email trail from the Partner Organisation Member.

Full name

Date