



MULTI ACCESS SUITE – APPLICATION FORM

PATRON DETAILS

Student ID:

Visitor ID:

Employee ID:

Employee Cardax Number:

Family Name:

Given Names:

Division/Portfolio:

School/Unit:

Email:

CARDAX OR STUDENT ID CARD

Access will be applied to your Cardax card (staff) or student ID card (student) and can be used at any campus multi access suite.

If you require a new card;

- Staff – please contact Security
- Students – please contact Campus Central

REASON FOR APPLICATION

- Breastfeeding
- Disability / Medical Condition
- Parenting
- Other (please specify)

TYPE OF ACCESS

- annual access (January – December)
- short term access (please specify timeline)

Start date: _____

Finish date: _____

- one-off requirement

SIGNATURE

By signing this document I agree to abide by the conditions listed below and relevant University policies and guidelines.

- Patrons using the room must maintain appropriate standards of hygiene and cleanliness.
- Patrons must clean the change table before and after each use to ensure the hygiene of all children.
- Patrons retain ultimate responsibility for the supervision of children in their care. They must ensure supervision of children at all times.
- Patrons are responsible for identifying any personal OHSW risks when using the facility and should contact HR Services or Disability Adviser in the Learning and Teaching Unit to devise an appropriate management strategy.
- Under no circumstances should patrons leave personal belongings in the room. Any items left will be disposed of after 30 days to ensure the cleanliness and safety of the room.
- Patrons should advise Campus Security or HR Services immediately if they have any concerns about any aspect of the room, including cleanliness.
- Under no circumstances are patrons to loan their card to another person or allow another person to enter the room without swiping their own card.
- Patrons using the rooms should respect the privacy and dignity of other patrons.

Any breach of the conditions of use may result in your access being revoked.

Signature: _____

Name: _____

Date: _____

Please forward the completed form to:

**University of South Australia
 HR Services
 Human Resources Unit
 101 Currie Street
 ADELAIDE SA 5000**

AUTHORISATION (OFFICE USE ONLY)

Signature:

Name:

Unit:

HR SERVICES USE ONLY

Received and verified:

Security notified and access confirmed:

Patron notified: