

(Please sign)

Application for Student After Hours Access to Areas Not Secured By Cardax

Please print all information:		
DIVISION/SCHOOL/UNIT/RESEAF	RCH AREA:	
SCHOOL/UNIT:		
HEAD OF SCHOOL/UNIT or NOMI	INEE:	
	IMPORTANT NOTICE OF AGRI	EEMENT
normal working hours of the Uni	orising person to ensure that any request fo iversity is noted to Security by use of this for am to 10.00pm Mondays to Fridays during s	m.
 Times other than these constitut Once requested dates and times form being completed. 	e "After Hours". s have expired, security staff will no longer a	llow access to any area without a new
Any request to remove University in the space provided on this form	y equipment is the responsibility of the authom. Ments to bring non university persons into bui	· .
 Any non university persons will be 	be asked to leave the premises.	idings.
	to gain access to the requested area(s). e any machinery during the period of this rec	quest unless supervised by a member
	es if requested to do so by Security. e of the building evacuation procedures and I	ocation of security call points/phones
Oates: From / / to	/ Time: From : I/D. No:	am/pm To : am/pm Area:
F INSUFFICIENT SPACE, PLEAS	EE USE REVERSE SIDE OF THIS FOR	
•		
hese people may have access to,	or remove equipment, as outlined belo	w:-
hese people may have access to,	or remove equipment, as outlined belo	W:-
These people may have access to,	or remove equipment, as outlined belo	w:-
These people may have access to,	or remove equipment, as outlined belo	w:-
	or remove equipment, as outlined belo	w:-
These people may have access to, Authorised by:	or remove equipment, as outlined belo	w:-

Head of School/Unit or Nominee

Name:	I/D. No:	Area:
		_
uthorised by:		
•		
(Please sign) ead of School/Unit or Nominee		DATE: / /