

NON MDH Arrival REPORT - Access/Identification Card

Section A: To be completed by Applicant

Name	Designation - Title		
Surname	Employed By (Applicant's Employer- Dept/Company/Health etc)		
ID Card Number	Contact No/ nos		
MDH Work Place	Applicant's Address		

Duties at MDH	Days / week	Days / Monthly	Full Time duties / Regular Duties
Consultations			
Clinics			
Extra Hours			
Overtime			
Med Sch/FHS			
MDH Placement			
Project Works			
On Call			
Rotation			
Temporary Placement			
Training Placement			
Observation			
On Contract			
courier service			
Other *			
* If Other, kindly specify			
Signature of Applicant		Date	

The card remains the property of Mater Dei Hospital and can be withdrawn at any time. The card is not transferable and is subject to use in accordance with Hospital Policy. Card must be returned upon termination of Service at MDH, failing to do so a charge of 7 Euros will be effected. In case of loss or damage by misuse, the card will be re-issued against a charge of €7.00, in accordance with Hospital Policy - No HRA01Pol2008v01.1

Section B: Authorised by (To be completed/approved by Director /Manager or next in Line Authorising Applicant)

MDH Duration of Service	MDH Placment
Full Name & Surname of Manager/ Director	Signature

** If duration unknown, a validation date will be set for one year (Section C) by this office. The card will be disabled at the end of this period, dates can then be extended and card re-enabled accordingly, after further confirmation of service.

Note to Applicant

Access card validation dates and MDH approval signatures are shown in Section C and Section D respectively, kindly make sure that extension of service approval (to re-enable card and extend dates after one year) is carried out before end of validation date. Card should also be returned before end of validation date if service is no longer provided.

Section C: For Internal Use Only

Validation Date / File No.	Validation Date	File No	If Validation date needs to be extended, Section E should be completed at a later date.
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Section D: MDH Approval (According to Applicant's directorate)

MDH Director/Manager or next in Line	Signature	Date	Rubber Stamp / Full Name
Clinical Directorate			
Administration Directorate			
Nursing Directorate			
Engineering/ Biomedical Directorate			
Support Services Directorate			
IM & T Directorate			
Chief Operations Officer (COO)			
Signature 'Employee ID Cards office'		Card issued on:	

Additional Remarks

[illegible]

Section E: Continuation of Service/ Extended Access Validation Dates

Applicant's Name		Applicant's Surname	
ID Card Number		Signature	
Confirmed Continuation/ duration of service		Authorised by:	
MDH Placement		Rubber Stamp/ Full name	