**AMIIC Building Access Request Form**

**Name** (BLOCK CAPS): .......................................................................

**Group affiliation:**

Analysis Stroke/Neuro Physics Other

Cardiac NHS staff Radiology Collaborator (specify department)

**End date of contract/project:** ..............................................................

**Contact phone number:** .....................................................................

**Contact email address:** ......................................................................

**Supervisor or line manager:** ...............................................................

I agree to abide by the standard operating policies of AMIIC and have attended an AMIIC Induction session. I understand lending my ID card to another individual is not permissible.

**Signature: .....................................................................................Date: ..............................................**

*Authorised by (Clinical Operations / Operations Manager):* ***..................................................................***

Building access category assigned (to be completed by AMIIC Operations/Clinical Operations Manager):

|  |  |  |  |
| --- | --- | --- | --- |
| AMIIC Clinical Researchers |  | AMIIC Clinical Staff |  |
| AMIIC Researchers |  | Cath lab users only |  |
| Cath lab/waiting room |  | Cleaners level 1 |  |
| Cleaners level 2 |  | CT users |  |
| IT |  | Operations Manager |  |
| Postman |  | Reporting room users |  |
| Researchers |  | Researchers inc out of hours |  |