# Student Campus Access Card Application Form

This form is used by students to apply for a new campus access card/fob to gain entry at their local Endeavour College of Natural Health campus.

* Each access card/fob is unique and individually assigned
* Access card/fob must only be used by the assignee to access the campus for College related activities
* **If an access card/fob is lost or stolen, contact Campus Management without delay by submitting a** [**Facilities ticket**](https://help.endeavour.edu.au/)
1. Personal Details

|  |  |  |
| --- | --- | --- |
| Student Number Enter #. | Campus Select campus location. | Date of Birth Click or tap to enter a date. |
| Title Select title. | Given Name Click or tap here to enter text. | Family Name Click or tap here to enter text. |
| Address Click or tap here to enter text. |
| Suburb Click or tap here to enter text. | State Select state/territory. | Postcode Enter #. |
| Phone Number Enter #. |
| Email Click or tap here to enter text. |

1. Declaration

I (the undersigned), declare that: *(tick each)*

|  |  |
| --- | --- |
| [ ]  | The information provided on this form is correct and complete |
| [ ]  | For security purposes, this card/fob will not be attached to an Endeavour Student ID card or anything else that identifies that it provides access to a College campus |
| [ ]  | I understand my card/fob will not grant access to classrooms |
| [ ]  | I accept full responsibility for the security of the access card/fob and I agree not to share / provide access to other persons |
| [ ]  | This card/fob is issued for the sole use of the applicant only |
| [ ]  | I understand that I may be liable for *any fees* if this card/fob is lost or stolen and that I am responsible for paying all fees in full before receiving a new access card/fob |
| [ ]  | I am the student to which this document refers, **OR** |
| [ ]  | I am legally authorised to act on behalf of the student whose details are stated within this document. |
| Name Click or tap here to enter text. | Signature  | Date Click or tap to enter a date. |

### Office Use Only

|  |  |  |
| --- | --- | --- |
| Date Received Select date. | Access Card/Fob # Allocated Enter #. |  |
| [ ]  Added to spreadsheet | [ ]  Filed | [ ]  Entered in FileMaker |
| Name Click or tap here to enter text. | Signature  | Date Select date. |