# 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. |