

ACCESS PASS APPLICATION



Please complete this form in BLOCK CAPITALS

To be completed by the APPLICANT

Full Name:	Date of Application:
Date of Birth:	Vehicle Registration Number:
Employer:	Email:

Photographic ID must be presented with this application to verify your identity. In the event that photographic ID is not available your Employer must verify your identity. Tick as applicable:

I have photographic ID <input type="checkbox"/>	I require my Employer to verify my identity <input type="checkbox"/> *
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Disclaimer

PoCF accepts no liability whatsoever for ANY damage, loss, destruction or theft to vehicles or any other property which may occur during your visit to Invergordon Service Base/Saltburn Pier, regardless of cause and regardless of whether or not arising from any act, omission, neglect or default.

PoCF accepts no liability whatsoever for ANY losses, claims, demands, actions, proceedings, damages, costs or expenses or other liability incurred during your visit to the Invergordon Service Base/Saltburn Pier, regardless of cause and regardless of whether or not arising from any act, omission, neglect or default.

Subject to the following paragraph, PoCF accepts no liability for death or personal injury.

Nothing stated above shall limit or exclude PoCF's liability for death or personal injury caused by negligence on the part of PoCF (or its employees or agents) or any matter in respect of which it would be unlawful to exclude or restrict liability.

I, the undersigned, acknowledge and agree to obey the Service Base Site Rules and understand that failure to do so may result in access to the Invergordon Service Base/Saltburn Pier being withdrawn.

***Signature of Applicant:**

To be completed by the applicants EMPLOYER or Approving FACILITY USER

Company Name:	
Company Address:	
Contact Telephone Number:	Email:
Name of Person Approving Application:	
Job Title/Position:	Access Pass Validity Duration (max 3 years):
* In the absence of suitable photographic ID, I hereby verify the identity of the applicant. Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	

I confirm the aforementioned applicant has a bone fide reason to require access to the Service Base. I acknowledge that the induction and site rules are in English and it is my responsibility to ensure that translation will be provided to the applicant should this be necessary.

***Signature of Approver:**

*All signatures must be original. Typed signatures will not be accepted.

Note: Replacement cards will be recharged to the employer at a cost of £25 per card.

PoCF uses a third party training system supplied by iHasco to provide remote inductions. The only personally identifiable information stored in that system is your name and email address, and system access is limited to those PoCF staff involved in the induction process. Please see the PoCF data protection policy for general information on data storage and retention.

To be completed by PORT of CROMARTY FIRTH

Pass Identification Number:	Pass Issued By:
Date of Issue:	Date of Expiry:
Site Induction Complete:	Identification Verified: Photographic ID <input type="checkbox"/> Employer <input type="checkbox"/>