



SafeZone V-ALRT PENDANT REQUEST FORM

APPLICANT DETAILS

*Mandatory fields must be completed before processing		*EMPL ID:	
*SURNAME:		*GIVEN NAMES:	
*CONTACT DETAILS:	*MOBILE:	WORK:	
*Email:			
*PRIMARY CAMPUS:		SECONDARY CAMPUS:	
Will this V-ALRT pendant be used as part of a PEEP (Personalised Emergency Evacuation Plan)?: YES NO			
Will this V-ALRT pendant be used as part of a SPRA (Specific Personal Risk Assessment)?: YES NO			
ACKNOWLEDGEMENT:			
You hereby acknowledge that this device must be paired with a mobile phone, and will NOT work independently. You hereby acknowledge that this device remains the property of TAFE NSW and must be returned when you leave the organisation.			
SIGNATURE:		DATE:	

FOR SECURITY OFFICE USE ONLY:	
V-ALRT NUMBER:	
APPLICANT VALIDATED IN SafeZone (Above Details Recorded):	
CAMPUS CALL TREE VALIDATED (Tested):	
SIGNATURE:	DATE:
INITIAL USER TEST UNDERTAKEN:	
SIGNATURE:	DATE:
V-ALRT RETURNED:	DATE:

SUBMIT: