**CONTRACTORS NOTIFICATION FORM (INTERIM)**

Please fully complete the following form and send to Campus Security security@kent.ac.uk

|  |  |  |
| --- | --- | --- |
| **Contractor details** |  | **Information/Detail** |
| Company | Name |  |
|  | Telephone number |  |
|  | Email address |  |
| Site Manager | For work |  |
|  | Mobile Number |  |
|  | Email address |  |
|  | Identification type required |  |
| Sponsor details | Name |  |
|  | Mobile Number |  |
|  | Email address |  |
| **Details of Visit** |  |  |
| **Nature of contract** | Describe work being carried out |  |
| RAMS received | Yes/No. |  |
| **Location** Primary | Building name/location |  |
|  Secondary | Building name/location |  |
|  Other | Building name/location |  |
| **Date** (maximum 5 days per request) | Date from |  |
|  | Date to |  |
| **Time** expected on site | Tine from |  |
|  | Time to |  |
| **Campus Security** required | Yes/No |  |
|  | Nature of support e.g. access, alarms, security etc. |  |
| **Card Access** Required | Yes/No |  |
| **Contact made with Card Access Team** | Yes/No |  |
| **Car Parking** permit required | Yes/No |  |
| **Contact made with Transport Team** | Yes/No |  |
| **Authoriser's details** |  |  |
| Authoriser details | Name |  |
|  | Mobile Number |  |
|  | Email address |  |