

# STAFF ID CARD APPLICATION FORM

## For Distance Staff ONLY

Note: Staff located in Auckland, Christchurch, Wellington or Invercargill can order their card onsite.



Please indicate which campus you are associated with:

- University of Otago, Christchurch  
 University of Otago, Invercargill  
 University of Otago, Auckland  
 University of Otago, Wellington  
 Distance Location, but associated with one of the above

**New Staff, please note:** Your ID Card application will be processed only after you have been entered in the H/R Payroll system and this can happen only after they have received all the required information such as IRD number, date of birth and bank account details.

Please complete the following:

### STAFF DETAILS

Surname/Family Name	<input type="text"/>	Payroll/ID Number	<input type="text"/>
Date of Birth	<input type="text"/>	First/Given name(s)	<input type="text"/>
Address to Send Card	<input type="text"/>	User Name (if known)	<input type="text"/>
Signature	<input type="text"/>	Telephone	<input type="text"/>
		Email	<input type="text"/>
		Date	<input type="text"/>

If you have any queries, please email: [idcard.officer@otago.ac.nz](mailto:idcard.officer@otago.ac.nz) or telephone 64 3 479 5330.

### PHOTO

All Staff must send in a witnessed passport photo, even if you have had a University of Otago Staff ID Card previously. You will need to attach a recent standard certified passport photo with a plain light coloured background – no holiday snaps or home printed photos. **PHOTOS MUST BE PROCESSED AT A PHOTO LAB OR PHARMACY.**

You will need to ask someone you know who can identify you (see acceptable forms of photo ID under WITNESS STATEMENT) and who meets the criteria, to complete the WITNESS STATEMENT and to certify your passport photo.

### CHECKLIST

- Staff details are completed correctly, signed and dated  
 "WITNESS STATEMENT" is completed correctly, passport photo certified correctly  
 Attach the certified photo to this form and return to:

ID Card Office  
Information Services Building  
University of Otago  
PO Box 56  
Dunedin 9054  
New Zealand

**PLEASE NOTE: UNSUITABLE OR INCORRECTLY WITNESSED PHOTOS WILL BE RETURNED**

## WITNESS STATEMENT

Please read the completed 'Staff Details' and the witness requirements of this application carefully before completing this declaration.

### The Witness will:

- Sight an original, acceptable form of photo ID from the list below, to confirm the applicant's identity.
- Complete the 'Witness Declaration' in their own handwriting, and
- In their own handwriting on the reverse of the photo, complete the sticker, or write 'Certified true likeness of <applicant's full name>', sign and date it.

### EXAMPLE

'Certified true likeness of  
<applicant's full name>  
\_\_\_\_\_ Signed  
\_\_\_\_\_ Date

### A Witness must:

- Be one of the following: Lawyer, Registered Teacher, Minister of Religion, Police Officer, Kaumatua, Registered Medical Professional, Justice of the Peace, Applicant's Employer, and
- Be aged 18 years or over, and
- Have a daytime contact telephone number and be available during normal business hours

### A Witness must not:

- Be a relative or part of the family group of the person named in this declaration, or
- Be a wife, husband, de facto, partner or civil union partner of the person named in this declaration, or
- Live at the same address as the person named in this declaration

## WITNESS DETAILS

Which one of the following groups do you (the witness) belong to:

- |                                |   |  |  |
|--------------------------------|---|--|--|
| <input type="radio"/> Lawyer   | <input type="radio"/> Registered Teacher              | <input type="radio"/> Minister of Religion | <input type="radio"/> Police Officer       |
| <input type="radio"/> Kaumatua | <input type="radio"/> Registered Medical Professional | <input type="radio"/> Justice of the Peace | <input type="radio"/> Applicant's Employer |

Which one of the following acceptable forms of an original photo ID have you sighted to confirm the identity of the person named in this declaration:

- |  |  |
|--|--|
| <input type="radio"/> Passport                     | <input type="radio"/> 18+ Card                     |
| <input type="radio"/> New Zealand Driver's Licence | <input type="radio"/> New Zealand Firearms Licence |

Please note: If the applicant does not have one of the acceptable forms of identity as listed above the applicant will need to contact the ID Card Office for instructions on how to proceed: [idcard.officer@otago.ac.nz](mailto:idcard.officer@otago.ac.nz) tel 64 3 479 5330.

Please complete the following:

Witness Surname/Family Name

Witness First/Given Name(s)

Name and Street Address of Business

Phone/Cell:

## WITNESS DECLARATION:

I declare that:

Applicant's Surname/Family Name

Applicant's First/Given Name(s)

- is the person in the photo that I have named and that
- the information I have provided is, to the best of my knowledge, true, complete and correct, and in my own handwriting.

Signature

Date

Official Witness Stamp