**Appendix B**

**Form A – Approved Access to Fingerprint Access System (FAS)**

Amber Lodge Low Secure Unit

|  |  |  |
| --- | --- | --- |
| **Staff Name** | **Post Held** | **Base** |
|  |  |  |
| **Criteria** | **Information** |
| 1. Is the individual either employed by the Trust and/or Forensic Service
 |  |
| 1. Does the individual need regular access to the low secure Unit.?
 |  |
| 1. Is there a clear rationale why the individual needs regular access to the low secure unit? (Please describe)
 |  |
| 1. Does the individual have a good understanding of security requirements at Amber Lodge Low Secure Unit.?
 |  |
|  |
| Approved By: (Name)………………………………………………………………..Position: ………………………………………………………………………...Signature:………………………………………………………………………………Date:……………………………………………………………………………………..\*Can only be approved by ~~Modern Matron for Forensic Service or the Head of Specialist Services~~ Ward manager  |
|  |
| **Date Added**  | **System Updated** | **Security Lead Name** | **Security Lead Signature** |
|  |  |  |  |