

Maidstone and   
Tunbridge Wells

NHS Trust

Ref: FOI/CAD/ID 3879

**Please reply to:**  
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06 March 2017

**Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Uniform policy.

*Could you please email me your most recent versions of your Uniform Policy and/or Dress Code for staff members? If there are separate policies for any of the different services under your governance, please provide me with all of them. (For example, if you have different policies for community services vs acute hospital setting or for ward versus theatre staff). If you have separate policies for Uniformed and non-Uniformed staff, please send both.*

*If your policies are out of date and due for review, please still send me the most recent version.*

Please see the following policy:

**MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST**

# Dress, Uniform and Identification Badge Policy and Procedure

<b>Requested/ Required by:</b>	Workforce Committee
<b>Main author:</b>	HR Business Partner
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<b>Directorate:</b>	Corporate
<b>Specialty:</b>	Workforce
<b>Supersedes:</b>	Trust Policy on Dress, Uniform and identification Badge Policy and Procedure (Version 2.0, September 2012)
<b>Approved by:</b>	HR Senior Meeting, 11 <sup>th</sup> February 2014
<b>Ratified by:</b>	Workforce Committee, 6 <sup>th</sup> March 2014
<b>Review date:</b>	March 2019 or at times of significant change, whichever is the sooner

Disclaimer: Printed copies of this document may not be the most recent version.  
The master copy is held on Q-Pulse Document Management System  
This copy – VER3.0

## Document history

<b>Requirement</b>	<ul style="list-style-type: none"><li>To inform all staff, clinical and non clinical, of their responsibilities</li></ul>
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<b>for document:</b>	<p>in relation to appropriate dress for work, and the wearing of uniforms.</p> <ul style="list-style-type: none"> <li>• In addition to the general standards there are additional, more stringent requirements for staff who provide clinical care or work in a clinical area, who may or may not be required to wear uniform. These requirements relate to particular issues around infection control and the health and safety of staff and patients.</li> <li>• Internal security measures.</li> <li>• Patient and staff safety, so that unauthorised access to areas can be challenged.</li> </ul>
<b>Cross references:</b>	<ul style="list-style-type: none"> <li>• Health Care Commission. (October 2007). <i>Investigation into outbreaks of Clostridium difficile at Maidstone and Tunbridge Wells NHS Trust.</i></li> <li>• Department of Health. (September 2007). <i>Uniforms and Workwear. An evidence base for developing local policy.</i></li> <li>• Department of Health (March 2010). <i>Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers</i></li> <li>• Department of Health. (2007) <i>Johnson outlines new measures to tackle hospital bugs.</i> London: DH (Bare below the elbows).</li> <li>• Department of Health. (2009). <i>The Health and Social Care Act 2008: Code of practice for the NHS on the prevention and control of healthcare associated infections and related guidance.</i> London: DH.</li> <li>• Royal College of Nursing. (2009). <i>Guidance on Uniforms and Work wear.</i> London: RCN</li> <li>• Department of Health (March 2010). <i>Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers.</i></li> <li>• NHS Patients Charter 1996.</li> <li>• Department of Health Code of Practice for use of powers to counter NHS fraud and security incidents. July 2007.</li> <li>• NHS Constitution January 2009.</li> <li>• A Professional Approach to Managing Security in the NHS (NHS Counter Fraud &amp; Security Management Service – 2003)</li> </ul>
<b>Associated documents:</b>	<ul style="list-style-type: none"> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Disciplinary Policy and Procedure</i> [RWF-OPPPCS-NC-WF10]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Security Policy and Procedure</i> [RWF-OPPPCS-NC-FH3]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Infection Control Policy and Procedure</i> [RWF-OPPPCSS-C-PATH15]</li> </ul>

<b>Version Control: Details of approved versions</b>		
<b>Issue:</b>	<b>Description of changes:</b>	<b>Date:</b>
1.0	Initial Document (Dress and Uniform)	17 <sup>th</sup> June 2008
1.0	Initial Document (Identification Badge)	16 <sup>th</sup> July 2002
2.0	Identification Badge Policy reviewed and updated.	16 <sup>th</sup> June 2009
2.0	Combined Dress & Uniform and ID Badge Policy: 3 year review undertaken on both policies, policies combined and updated.	4 <sup>th</sup> September 2012
3.0	Full policy review	March 2014

## Policy statement for

# Dress, Uniform and Identification Badge Policy

Members of staff employed by the Trust are required to adhere to a safe, hygienic and appropriate dress code. The Trust has a legal duty under the Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections to prevent and control healthcare associated infections (HCAI) to both patients and staff; ensuring that uniform and work wear worn by staff when carrying out their duties is clean and fit for purpose.

The appearance of employees should always be professional at all times within the workplace and dealing with staff, clients, patients and the public,

Individuals should therefore ensure that clothes or uniform, personal protective equipment (if provided) and accessories adhere to infection control and health and safety policies and comply with patient and public expectation.

It is the policy of Maidstone and Tunbridge Wells NHS Trust that all persons working on the Trust's sites should be identifiable by means of an identification badge issued by the Trust.

The Trust identification badge has three purposes. These are:

- Identification of staff that have face to face contact with patients as required by the Patients' Charter 1996.
- Security, avoiding risk to patient and colleague safety and responsible for the protection of public resources.
- To identify the wearer's status with the Trust.

An identification badge will show a name, photograph, ID badge number, date of issue and job title.

This policy applies to all employed staff, whether contracted on a permanent or temporary basis, through an honorary contract, contract for services, or via an agency. This includes students and those working for the Trust on work placements.

## Dress, Uniform and Identification Badge Procedure

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No.	Title
4	Uniform request form
5	Process for obtaining an identification badge
6	Identification badge application form

## **1.0 Introduction and scope**

- 1.1 This policy sets out the expectations of the Trust in relation to corporate dress and the wearing of Trust uniforms.
- 1.2 The aims of the policy are to:
  - convey a professional and efficient image of the Trust and individuals;
  - give patients confidence;
  - support infection control;
  - have regard to health and safety considerations for staff; and
  - ensure identification badges are visibly displayed by staff at all times during working hours.
- 1.3 The Trust considers the way employees dress and their appearance is of significant importance in portraying a professional image to all users of its service, whether patients, visitors, clients or colleagues.
- 1.4 The Trust recognises the diversity of all its employees and will take a sensitive approach when this affects dress and uniform requirements. The Trust will work with groups of staff who may be adversely affected by this policy to find ways of reducing the impact. However priority will be given to the needs of patient service, health and safety requirements and infection control considerations.
- 1.5 Particular importance is given to infection control considerations and this policy sets out mandatory standards for staff members entering wards and other clinic areas, clinical rooms and having clinical contact with patients. Clinical contact is defined as:
  - all direct physical contact with patients (including shaking hands)
  - standing within the curtained area surrounding the patients bed (bed space); and
  - handling equipment, including patient notes, which has a direct physical contact with the patient or enters the patient bed space.
- 1.6 The policy is compliant with the Department of Health “Bare below the Elbow” initiative which promotes and enables good hygiene standards.
- 1.7 The policy and procedure is designed to outline staff responsibilities regarding Identification badges, their purpose and the process for obtaining and updating badges.
- 1.8 This policy and procedure applies to all staff, including those with honorary contracts, agency workers, visiting medical staff and students when working on Trust premises.

## **2.0 Definitions**

2.1 No definitions required at this time.

## **3.0 Duties**

### **3.1 Staff have a responsibility to:**

- Ensure their general presentation, appearance and personal hygiene are suitable for the workplace. All employees are expected to dress in a manner that is likely to inspire public confidence in them as representatives of the NHS.
- Consider how others may perceive their appearance.
- Follow the standards of dress / uniform appearance contained within this policy and must understand how this policy relates to their working environment, health and safety, infection control, their particular role and duties, and contact with others during the course of their employment.
- Attend an appointment to obtain a photographic identification badge during their induction period and arrange an appointment for a new photographic identification badge if their name or job title changes (official documentation will be required to verify such changes).
- Both photographic identification badge and magnetic name badge (which will be purchased by managers via Marrakech) must be worn at all times whilst working.
- Challenge any individual not visibly displaying an identification badge in a non-public area, checking the individual's authority to be in that area. If the individual is identified as a member of staff they should be reminded to wear their identification badge. If the individual is not a member of staff then the individual should be escorted to a public area and security should be notified.

### **3.2 Managers have a responsibility to:**

- Disseminate and implement of this policy and procedure within their teams.
- Ensure that all new members of staff (including students, temporary workers, agency workers, etc.) are aware of the required standards of this policy during the local induction process.
- Ensure all new staff have a completed Identification Badge application and arrange an appointment to obtain their badge within their local induction period.
- Ensure all staff have magnetic name badges, these are to be ordered via Marakesh.
- Challenge staff who attend work in attire that is not suitable for work and does not comply with this policy and procedure.
- Challenge any individual not visibly displaying an identification badge in a non-public area, checking the individual's authority to be in that area. If the individual is identified as a member of staff they should be reminded to wear their identification badge. If the

individual is not a member of staff then the individual should be escorted to a public area and security should be notified.

### **3.3 The HR Department will:**

- Provide advice and support to staff and managers on this policy
- Ensure managers are applying this policy and procedure fairly and equitably to their staff.

### **3.4 The Trust Board has a responsibility to ensure that:**

- That this policy and procedure is applied fairly and equitably for all staff;
- That managers and staff are informed about this policy and procedure;
- That this policy and procedure is monitored and audited to assess its effectiveness and equal and consistent application.

## **4.0 Training / competency requirements**

4.1 No training / competency requirements at this time.

## **5.0 Procedure**

### **5.1 Dress**

5.1.1 Staff not required to wear a uniform or protective clothing must dress appropriate to a professional, service orientated organisation.

5.1.2 Staff should not wear casual clothing at work e.g. jeans and t-shirts.

5.1.3 Clothing must be suitable for the environment in which you work. In some work areas, during the summer months (May to September) when the weather is hot, shorts may be worn but they must be smart and professional and must be knee length. Patch pockets and swimming shorts will not be permitted. It would not be appropriate to wear such attire in patient facing environments.

5.1.4 String strap tops are not considered suitable work attire and therefore must not be worn, even in summer months.

5.1.5 When taking part in clinical contact and entering wards, outpatient consulting and clinical areas (including clinical examinations) staff should:

- not wear outer garments e.g. jackets, coats and fleeces;
- remove neck ties;
- wear short sleeves or roll up long sleeves to the elbow;
- remove watches and jewellery from the arm, hand and fingers (apart from a plain wedding band such as wedding ring); and
- wear appropriate protective clothing including aprons and gloves when required.

5.1.6 White coats should not be worn in clinical areas or for clinical contact.



- 5.1.6 Footwear should be safe and appropriate for the job and weather conditions. Flip flops are not appropriate footwear at work. Open toed footwear is not suitable for clinical areas.
- 5.1.7 Protective hats, caps, gloves or plastic aprons should not be worn outside clinical areas; unless required as personal protective clothing (see section 5.5).

## **5.2 Uniform**

- 5.2.1 Some staff groups are required to wear a uniform and associated protective clothing provided by the Trust and they must comply with that requirement whilst at work.
- 5.2.2 Uniforms should be covered or not worn outside of Trust grounds except for staff at work in the community.
- 5.2.3 Theatre footwear should not be worn outside of theatre areas.
- 5.2.4 Scrubs or uniforms which are contaminated with blood or body fluids, or which look dirty, must be changed immediately, especially before contact with other patients or access to public areas.
- 5.2.5 Scrubs worn as a uniform (or as protective clothing) in theatres or clinical areas are NOT allowed in the restaurant or hospital shops. Scrubs should not be worn outside hospital buildings. Staff should change before entering these areas or travelling home.
- 5.2.6 Staff will be sent a *Uniform Request Form* (**Appendix 4** [RWF-OPF-NC-WF25]) during their recruitment which they will need to complete and have authorised by their line manager prior to submission.

## **5.3 Protective clothing**

- 5.3.1 Staff in roles requiring personal protective clothing must wear this whilst carrying out their duties in accordance with health, safety and infection control requirements.
- 5.3.2 When dealing with patients at risk (e.g. patients with infection) appropriate protective aprons and gloves must be worn.

## **5.4 Identification badge**

- 5.4.1 Staff are required to wear both their photographic identification badge and their magnetic name badge at all times whilst working. These must be fully visible at all times.
- 5.4.2 To adhere to Trust infection control standards photographic identification badges should be clipped to clothing in clinical areas. Staff working in non-clinical areas can wear their photographic identification badge on neck strap lanyards (although these would need to be changed for a clip if entering a clinical area). All identification badges should also be wiped clean on a regular basis.
- 5.4.3 The process for obtaining a photographic identification badge is detailed in **Appendix 5** [RWF-OPPM-CORP88]. The application form for a photographic identification badge can be found in **Appendix 6** [RWF-OWP-APP534]. Magnetic name badges can be ordered via the Marrakech system.

- 5.4.4 Staff will be required to sign the application form confirming that they are aware of, and will comply with, the conditions under which it has been issued.
- 5.4.5 It is the responsibility of all individual members of staff to keep their identification badges updated with job title and/or name changes. Documentation will be required to evidence any name changes. Staff should ensure their identification badge is photographically recognisable and legible.
- 5.4.6 All identification badges are issued free of charge, but if an identification badge is lost or damaged the holder must pay £10 for a new one. If the badge is stolen, the holder will not be charged, but they will be required to notify the police and obtain an incident number. The staff member will also be required to complete an electronic incident report via the Intranet and notify Security of the loss.
- 5.4.7 Managers are responsible for retrieving identification badges from staff leaving the employment of the Trust and returning them to the relevant issuer.
- 5.4.8 Staff are encouraged to challenge anybody on a hospital site purporting to be a member of staff on duty who is not wearing an identification badge.
- 5.4.9 Managers are responsible for ensuring all their staff obtain and wear identity badges in an easily viewable position.

## **5.5 Appearance**

- 5.5.1 Staff should always present themselves in a smart and clean manner.

### **5.5.2 Hair**

Hair should be neat and tidy at all times and if working in a clinical area should be arranged off the face and collar.

### **5.5.3 Nails and makeup**

For clinical staff and those that work in food preparation areas, nail varnish and false nails are not permitted. Nails should be sufficiently short to ensure safe patient contact.

Make-up must be discreet and professional in appearance.

### **5.5.4 Clothing and uniforms**

Clothing and uniforms should be worn in a clean and presentable fashion. Soiled or dirty clothing should be changed.

Clothing and uniform should be washed in accordance with manufacturers' instructions to ensure control of infection.

### **5.5.5 Jewellery**

Jewellery and watches should not be worn when carrying out clinical procedures. Wedding bands and neckwear (contained under clothing) is acceptable.

Ear piercing is acceptable, provided the jewellery is of a conservative and professional nature, such as studs and sleepers. The wearing of hoop type earrings in clinical areas is not appropriate as these can easily be intentionally pulled or grabbed by a patient, or accidentally by a confused patient.

Visible body piercing must be in the form of simple gold or silver studs. Decisions about the appropriateness of facial piercings should be based on infection control and health and safety and to maintain a professional appearance as an NHS representative.

Earlobe expanders and flesh rings are not considered to be appropriate work attire and are therefore unacceptable in the work environment.

### **5.5.6 Tattoos**

Where tattoos can be seen they should be discreet and not likely to cause offence to others. If they are deemed to be offensive they should be appropriately covered in order to maintain a professional appearance as an NHS representative. However, tattoos on the forearms and hands must be left uncovered for hand hygiene during direct patient care activity.

If additional offensive tattoos are obtained during the course of employment with the Trust which are visible (i.e. on hands/forearms) and cannot be covered during working hours, management may have to make a decision on whether to take formal action as a result.

## **5.6 General**

- 5.6.1 Staff are responsible for following the standards of dress, uniform, identification badge, and appearance laid down in this policy and should understand how they apply to their work environment.
- 5.6.2 Clinical and Directorate leaders and managers across the Trust are responsible for ensuring that the guidelines are adhered to at all times by the staff they manage.
- 5.6.3 This guidance is not exhaustive. Managers and staff must be reasonable in its interpretation and application based on the clear overarching aims and principles set out in this document.
- 5.6.4 Breaches of the policy should be freely challenged at the time they occur. Persistent non-compliance should be reported to the relevant management level (Directorate) and the Director of Infection Prevention and Control should be notified.
- 5.6.5 Persistent non-compliance will both put patient safety at risk and represent a breach of the Trust policy and clear management instruction and will be managed in line with the Trust disciplinary procedure.
- 5.6.6 Staff have a duty to role model, and set a good example to other members of staff, patients and visitors.

## **6.0 Monitoring and audit**

- 6.1 This policy and procedure will be monitored on an on-going basis by the HR Department via:

- Scrutiny of grievance cases, disciplinary and harassment cases will be undertaken to assess any adverse impact on any particular group.
- Breaches of security will be monitored through the Trust Security Group.

## **APPENDIX ONE**

### **Process requirements**

#### **1.0 Implementation and awareness**

- Once approved the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust polices, procedures and leaflets'.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Bulletin Board (Trust intranet) under "Trust Publications"; notification of the posting is included on a bi-weekly Bulletin Board round-up email, circulated Trust wide by the Communications team.
- On receipt of the Trust wide Bulletin Board notification all managers should ensure that their staff members are aware of the new publications.
- This policy will be included on the Trust's intranet with other employment policies. It will also be publicised in updates on policies and form an integral component at Staff Induction and orientation.
- All HR staff briefed by their respective managers on the main aspects of this policy.
- Further promotion via trust communication vehicles, e.g. team brief, trust news and trust e-mail bulletin.

#### **2.0 Review**

To be reviewed five years after approval/ratification or sooner if monitoring highlights the need and/or changes in legislation.

#### **3.0 Archiving**

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.

## APPENDIX TWO

### CONSULTATION ON: Dress, Uniforms and Identification Badge Policy and Procedure

**Consultation process** – Use this form to ensure your consultation has been adequate for the purpose.

**Please return comments to:** HR Advisor

**By date:** 20<sup>th</sup> January 2014

Name: <i>List staff to be included in the consultation. See Section 5.5 of the "Production, Approval and Implementation of Policies and Procedures" policy and procedure for guidance.</i>	Date sent dd/mm/yy	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Local Counter Fraud Specialist	20/12/13			
Clinical Governance Assistant	20/12/13	Jan 2014	Y	Y
Director of Infection Prevention & Control	20/12/13			
Divisional Directors	20/12/13			
Associate Director Operations	20/12/13			
Deputy Director Nursing	20/12/13			
General Managers	20/12/13	Jan 2014	Y	Y
Matrons	20/12/13			
Clinical Governance Leads	20/12/13			
Senior Nurses Clinical Governance	20/12/13			
Staff-side Chair and JCF Members	20/12/13	Jan 2014	Y	Y
Medical Staff-side Chair and JMNC Members	20/12/13			
Director of Workforce and Strategy	20/12/13	Jan 2014	Y	Y
Deputy Director of Workforce and Strategy	20/12/13	Jan 2014	Y	Y
Director of Corporate Affairs	20/12/13	Jan 2014	Y	Y
Head of Employee Services	20/12/13			
HR Business Partnering Team	20/12/13	Jan 2014	Y	Y
Head of Occupational Health	20/12/13	Jan 2014	Y	Y
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

## APPENDIX THREE

### Equality Impact Assessment

In line with equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

**Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.**

<b>Title of Policy or Practice</b>	Dress, Uniform and Identification Badge Policy and Procedure
<b>What are the aims of the policy or practice?</b>	To inform all staff, clinical and non clinical, of their responsibilities in relation to appropriate dress for work, and the wearing of uniforms and identification badges. In particular: convey a professional and efficient image of the Trust and individuals; give patients confidence; support infection control; security; and have regard to health and safety considerations for staff.
<b>Identify the data and research used to assist the analysis and assessment</b>	Previous Trust Policy on Dress and Uniforms, Issue No. 1.0, June 2008 and previous Trust Policy on Staff Identification Badges, Issue No. 2.0, June 2009. Consultation process, as per Appendix 2.
<b>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.</b>	<b>Is there an adverse impact or potential discrimination (yes/no). If yes give details.</b>
Males or Females	Yes: rule on ties may have a greater effect on males; rule on hair may have a greater effect on females; rule on nails may have a greater effect on females; rule on jewellery may have a greater effect on females.
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	Yes: rule on short sleeves or rolled up sleeves may have a greater effect on Muslims; rule on hair may have a greater effect on religious groups; rule on jewellery may have a greater effect on religious groups.
People who do not speak English as a first language	No
People who have a physical disability	No
People who have a mental disability	No
Women who are pregnant or on maternity leave	No
Single parent families	No
People with different sexual	Yes: This may affect staff who are pre-operative

orientations	gender reassignment surgery in relation to the name displayed on their identification badge which needs to be the name that is legally recognised.
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
<b>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</b>	All potential discrimination is indirect and objectively justifiable on the grounds of health and safety in relation to infection control and security.
<b>When will you monitor and review your EqIA?</b>	Alongside this policy/procedure when it is reviewed.
<b>Where do you plan to publish the results of your Equality Impact Assessment?</b>	As Appendix Three of this policy/procedure on the Trust Intranet (Policies and Guidelines).

## FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust approved document management database on the intranet (Trust policies, procedures and leaflets):

No.	Title	Unique ID
4	Uniform request form	RWF-OPF-NC-WF25
5	Process for obtaining an identification badge	RWF-OPPM-CORP88
6	Identification badge application form	RWF-OWP-APP534