



**Sewing Room & Linen Services  
Uniform Order Form**

**Please ensure all sections are completed**

|                        |  |                                    |                                    |
|------------------------|--|------------------------------------|------------------------------------|
| Name                   |  |                                    |                                    |
| Job Title              |  |                                    |                                    |
| Department / Work Base |  |                                    |                                    |
| Payroll No             |  | Grade                              |                                    |
| Hours of Work          |  | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> |
| Email                  |  |                                    |                                    |
| Work Telephone No      |  |                                    |                                    |

|           |          |            |          |
|-----------|----------|------------|----------|
| Community | Yes / No | Bank Staff | Yes / No |
| Logo      |          |            |          |

**All Uniform requests must be authorised by a Ward Manager / Head of Department**

Authorised By ..... Date .....

Cost Centre .....

**Please telephone the Sewing Room on 2136 to book an appointment**

|           |
|-----------|
| Comments: |
|-----------|

**SEWING ROOM USE ONLY:**

| Type of Uniform Required | Colour & Trim | Size | Quantity |
|--------------------------|---------------|------|----------|
| Dress                    |               |      |          |
| Tunic                    |               |      |          |
| Trousers                 |               |      |          |
| Scrubs - Tops            |               |      |          |
| Scrubs - Trousers        |               |      |          |
| Coat / Fleece            |               |      |          |
| Others:                  |               |      |          |
|                          |               |      |          |
|                          |               |      |          |
|                          |               |      |          |

Actioned By ..... Date .....