Salisbury NHS Foundation Trust

**APPENDIX B**

**Signage Policy**

**Request Form for New Sign *(internal use only)***

Name:

Position in Trust:

Directorate: Extension:

Reason for request: (i.e. new department, change of name)

The Signage Principles have been followed:

Agreed by: Date:

(Head of Service)

Is funding agreed? Y / N

Please write (clearly) what you would like on the sign

Is the sign:

Permanent?  or temporary? 

Please forward completed form to: The Signage Group SDH

c/o Capital Project Manager Estates Development Office SDH

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Received: Review by Signage Group (date): -

Approved  Not Approved 

Date effective: \_ Copy returned to sign requester