

Kids and Families Data Warehouse User Registration and Profile Update Form

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Approved by:	Version: 0.4
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This form is required in order to register a new user (Part A), or to change an existing user's access/delete access (Part B), to the Kids and Families Data Warehouse application, under the conditions that the access will be granted in order to carry out official duties as part of the applicant's work responsibilities.

NOTE: Incomplete forms may be rejected and will need to be resubmitted. The completed form will be classified as 'In Confidence'. The form will be handled and stored securely and will not be transferred or transmitted outside the NSW Health information domain.

Date requested: Register a new user (Part A) Change existing user (Part B)

Personal Information

First Name: <input style="width: 95%;" type="text"/> Position: <input style="width: 95%;" type="text"/> Employee no: <input style="width: 95%;" type="text"/> Email: <input style="width: 95%;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/> Health Organisation: <input style="width: 95%;" type="text"/> Phone: <input style="width: 95%;" type="text"/>
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Part A: Register a User

LHD/Specialty Health Network:	<input style="width: 95%;" type="text"/>
Health Location/site:	<input style="width: 95%;" type="text"/>
User Role*:	<input style="width: 95%;" type="text"/>
Program:	<input type="checkbox"/> Sustaining NSW Families <input type="checkbox"/> Universal Health Home Visiting

Part B: Change Existing User's Access OR Delete access

LHD/Specialty Health Network:	<input style="width: 95%;" type="text"/>
Health Location/site:	<input style="width: 95%;" type="text"/>
User Role*:	<input style="width: 95%;" type="text"/>
Access Programs:	<input type="checkbox"/> Sustaining NSW Families <input type="checkbox"/> Universal Health Home Visiting
OR Delete access to Kids and Families Data Collection <input type="checkbox"/>	

NOTE: Before this application can be processed, please read and accept the terms of access on the following page.

*User Role:

Data Linkage: Used for Data Analysis and linkage across multiple services, cannot upload or edit data.

Operator/Coordinator: Applicable to all programs except SAS, and can upload data.

TERMS OF ACCESS

I accept full responsibility for the computer access that I may be given, and I agree not to disclose any information that may assist any person to gain access to the Kids and Families Data Warehouse system. Such information is private and confidential and is bound by the by-laws of the NSW Health Policy Directives and Legislation. On signing this, I am agreeing that I have read and understood and will abide by the below mentioned policies:

- PD2008_052 –Electronic Information Security
http://www.health.nsw.gov.au/policies/pd/2008/PD2008_052.html
- PD2012_018 –Code of Conduct
http://www.health.nsw.gov.au/policies/pd/2012/PD2012_018.html
- PD2009_076 - Use & Management of Misuse of NSW Health Communications Systems
http://www.health.nsw.gov.au/policies/pd/2009/PD2009_076.html

I understand that the use of administrative or elevated access privileges on the Kids and Families Data Warehouse system and resources increases the likelihood of risk exposure and may be removed at the discretion of management. I undertake to inform my supervisor immediately if I become aware of any breach of privacy or security relating to the information systems and assets which I access during the course of my duties. Elevated access is granted to me as a privilege and may be monitored under the *Workplace Surveillance Act 2005*. I accept the conditions on which the access will be granted in order to carry out my duties and work responsibilities; furthermore I understand that I am solely responsible for the use of the elevated privileged account and that I must advise my supervisor immediately when I no longer require this access.

REQUESTOR

Name:

Signature: _____

Position:

Date:

MANAGER AUTHORITY

Authorised Signatory (e.g. Manager / Director)

I authorise _____ to be given access to the Kids and Families Data Warehouse system as indicated above.

Name:

Telephone:

Signature: _____

Position:

Email:

Date: