

Author: Amandeep Batra	Document ID: FM140005
Approved by: Khilindra Rana	Version: 6.1
Modified: 2015-08-20	Published:



NEPT WEB Access Application Form

*All Fields marked with an asterisk * MUST be completed by Applicant or the Form will be returned.*

Private Facility User

Public Facility User

Name and Contact Details

<p>*First Name: <input style="width: 90%;" type="text"/></p> <p>*Position: <input style="width: 90%;" type="text"/></p> <p>*Organisation: <input style="width: 90%;" type="text"/></p> <p>*Phone no: <input style="width: 90%;" type="text"/></p>	<p>*Last Name: <input style="width: 90%;" type="text"/></p> <p>*Local Health District: <input style="width: 90%;" type="text"/></p> <p>*Department: <input style="width: 90%;" type="text"/></p> <p>*Facility/Location: <input style="width: 90%;" type="text"/></p>
---	--

Account and Employment Details

<p>*Email Address: <input style="width: 95%;" type="text"/></p>	<p>*Employee Number NSW Health (if any): <input style="width: 95%;" type="text"/></p>
---	---

APPROVALS

User's responsibility:

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 NEPT systems. Such information is private and confidential and is bound by the by-laws of the NSW Health Privacy and Confidentiality Policy.

I undertake not to access personal information in NEPT Web records unless such information is essential for me to properly and efficiently perform my duties. I undertake strictly to preserve the confidentiality of this information and I understand that a breach of this undertaking will result in disciplinary action.

I will not divulge any identifying, personal or health information regarding individual persons, except as required for me to properly and efficiently perform my duties.

In order to fulfil this undertaking, I will ensure that, so far as is within my control, such information, whether in the form of paper documents, computerised data or in any other form, cannot be viewed by unauthorised persons, and that the information is stored in a secure and orderly manner which prevents unauthorised access.

I have signed, and agreed to comply with, the NSW Health Code of Conduct.

I further undertake to inform my supervisor immediately if I become aware of any breach of privacy or security relating to the information that I access in the course of my duties.

User's signature: _____

Date: _____

Organisational Manager's approval:

I authorise the above applicant to be given access to the NEPT web system. I authorise and recommend that the above applicant be given access as indicated above. I undertake to inform NEPT if:

- The applicant no longer requires access to NEPT web
- The applicant is no longer employed by the stated Organisation.

*Name and Position:

*Organisation:

*Email address:

*Phone No.

Signature: _____

Date: _____

PUBLIC FACILITY USERS

Please email this completed form to : EHNSW-NEPTSupport@health.nsw.gov.au

Your login details will be sent to you or your manager via email within 3-5 working days

PRIVATE FACILITY USERS

Please email this completed form to : NEPT@health.nsw.gov.au

Your login details will be sent to you or your manager via email within 3-5 working days

OFFICE USE ONLY

NEPT Booking Hub Manager's approval: (ONLY Private facility users)

I authorise that the applicant be given access to NEPT Web as indicated above.

Signature: _____

Date: _____

eHealth NSW system admin

Name:

Signature: _____

Date: _____

Date actioned: _____