



DEPARTMENT OF HEALTH

PLEASE PRINT DETAILS CLEARLY

Where changes are the result of new employment a **PCIS User Access form** should be submitted.

USER	Last Name			First Name		
	User Id					
	Phone: Work			Phone: Mobile		
TYPE OF CHANGE REQUEST	Extend Access					
	Extension Date	From	/	/	To	/ /
	Deactivate User Access?	<input type="checkbox"/>	Deactivate Date		/	/
	Deactivate Query Group Access?	<input type="checkbox"/>	Deactivate Date		/	/
	Deactivate Web Access?	<input type="checkbox"/>	Deactivate Date		/	/
	Change in Work Unit?					
	New Work Unit					
	Change in Role?					
	Previous Designation					
	New Designation				Work Unit	
	If Acting	From	/	/	To	/ /
	Additional Functionality Required	<input type="checkbox"/> Default Messaging Provider				
<input type="checkbox"/> Reports – Primary Health Care Manager						
<input type="checkbox"/> Reports Query Group Search (<i>Please complete a Query Group Access Form</i>)						
AUTHORISATION	Manager Name			Signature		
	Position					
	Phone: Work			Date	/	/
<p>FAX COMPLETED FORM TO 8980 0730 or EMAIL TO: pcishelpdesk@nt.gov.au <i>Allow five (5) working days for processing</i></p>						

For information regarding this application phone the PCIS Helpdesk on (08) 8999 2855