

APPLICANT (1)	Name:	<input type="text"/>	Title:	<input type="text"/>
	Position:	<input type="text"/>		
	Company (if Non-Government Organisation):	<input type="text"/>		
	Email:	<input type="text"/>	Phone:	<input type="text"/>
	Are you an NTG Employee?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes please provide your LAN ID:	<input type="text"/>

*Note: - Web Client Access WILL NOT BE GRANTED for Generic LAN Accounts
- DoH applicants MUST have an ePASS account with LAN enabled*

AUTHORISATION DoH APPLICANTS (2)	DoH APPLICANTS ONLY			
	AUTHORISATION BY APPLICANT'S SUPERVISOR / MANAGER (must also be Cost Centre delegate)			
	I authorise the applicant to have access to PCIS via the Citrix Web client.			
	Supervisor Name:	<input type="text"/>		
	Work Unit:	<input type="text"/>	Contact Phone:	<input type="text"/>
	Cost Centre Code:	<input type="text"/>	Cost Centre Name:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>	

AUTHORISATION NON-DoH APPLICANTS (3)	NON DoH APPLICANTS ONLY			
	<i>If this account relates to a research project, please complete the following:</i>			
	Project Name:	<input type="text"/>		
	Research Organisation:	<input type="text"/>		
	Cost Centre Code:	<input type="text" value="70 2297"/>	Cost Centre Name:	<input type="text" value="NGO ICT Costs"/>
Safety and Quality Manager Signature:	<input type="text"/>	Date:	<input type="text"/>	

PCIS USE ONLY	PCIS Office Use Only			
	Date of Access:	<input type="text"/>	Name:	<input type="text"/>
			Sign:	<input type="text"/>

Please submit this form to PCIS Helpdesk on fax 8980 0730 or email pcishelpdesk@nt.gov.au

For information regarding this application phone the PCIS Helpdesk on 8999 2855
Note: To avoid unnecessary delays with processing applicants should ensure relevant sections are fully completed.