**Administrator Account**

**Application Form**

\*Please be advised that all sections **MUST** be filled out in the form before submitting to Service Desk

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Request (please tick): [ ] Account Renewal [ ] Account Creation [ ] Change Privileges/Roles** | | | | |
| **Section 1: Applicant information** | | | | |
| Last Name |  | | First Name |  |
| User ID |  | | User Email |  |
| Staff Type | [ ] Staff  [ ] Contractor - contract end date: \_\_\_/\_\_\_/\_\_\_\_ | | Job Position |  |
| Department |  |
| **Current Security Clearance** | [ ] National Police Clearance (NPC) [ ] Integrity check (IC)  [ ] Baseline Vetting (BLV) [ ] Negative Vetting 1 (NV1)  [ ] Negative Vetting 2 (NV2) [ ] Positive Vetting (PV) | | | |
| **Section 2: Account Details** | | | | |
| **Please tick next to the required role** | | | | |
| [ ] Database Administrator | | | [ ] Desktop Administrator | |
| [ ] Local System Administrator | | | [ ] Networks Administrator | |
| [ ] Security Operations Administrator | | | [ ] Service Desk Administrator | |
| [ ] Specialist Support Unit Administrator | | | [ ] Storage Administrator | |
| [ ] Telephony Administrator | | | [ ] Unix Administrator | |
| [ ] Wintel Administrator | | |  | |
| [ ] Other - Please Specify: | | | | |
| **Type** | **Access End Date** | **Business Justification** | | |
| [ ] Emergency Access | Emergency access end dates | Administrator accounts that are inactive for 90 days are automatically disabled. If there is a reason why this account should be exempted, please provide a justification. | | |
| [ ] Temporary Access | Temporary access end dates | Temporary access may be granted for a fixed duration. | | |
| [ ] Other - Please Specify: | Other access end dates | Please specify a business justification. | | |

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| **Section 3: Terms and Conditions** | | | |
| 1. Administrator accounts **will automatically expire and be disabled in one year. (from the day approved by CIO)** 2. Administrator accounts **will be disabled after 90 days of inactivity.** 3. Administrator account holders are **required to re-apply for access annually**. 4. No access will be granted without **CIO Approval**. 5. Administrator accounts **MUST NOT** be used for day to day activities such as :    1. Accessing or using email services.    2. Accessing or using Internet services E.g. Web browsing or downloading content from the Internet.    3. Unauthorised access to information or information systems 6. Administrator accounts (with the exclusion of “root/sudo”) **MUST NOT** be shared. 7. Administrator account **MUST** only be used for authorised work purposes only. 8. Administrator account holders **MUST** advise the IT service desk when they no longer require their administrator account. E.g. Change of position, employment termination, annual leave, long service leave etc. 9. Administrator account holders **MUST IMMEDIATELY** advise the IT service desk if they suspect that their account or account password has been compromised. 10. Administrator account passwords **MUST NOT** be written down (unless they are secured in a safe or an approved encrypted USB storage device) 11. Administrator account holders **MUST** choose a secure password that meets the following criteria:     1. The length of the password **MUST** be a **MINIMUM** of 20 characters.     2. The password **MUST** contain a **MINIMUM** of 3 RANDOM words.     3. The password **MUST NOT** be the same as the administrator’s normal user account password.     4. The password **MUST NOT** be the same as password that the administrator has used on any external/Internet system. | | | |
| **I acknowledge and agree to the terms and conditions above** | | | |
| Last Name |  | First Name |  |
| User ID |  | Job Position |  |
| Signature |  | Date |  |
| **Section 4: Division Head Endorsement** | | | |
| Acknowledgement – I acknowledge that:   * I have reviewed this application in accordance with the information supplied by the applicant * I have received the acknowledgement made by the applicant that the information provided in this application is true and correct, and * I endorse this application made by the applicant | | | |
| Last Name |  | First Name |  |
| User ID |  | Job Position |  |
| Signature |  | Date |  |
| **Section 5: Authorised Officer Approval** | | | |
| Last Name |  | First Name |  |
| User ID |  | Job Position |  |
| Signature |  | Date |  |
| **Section 6: Actioning Officer Acknowledgement** | | | |
| Acknowledgement - I acknowledge that:   * I have received the application form and verified the form has been completed with appropriate approval * As a delegate of the Authorised Officer, have taken the action to grant the requested access, and * I confirm that the action has been successfully completed and the account is set to expire on: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | | |
| Last Name |  | First Name |  |
| User ID |  | Job Position |  |
| Signature |  | Date |  |