




User Creation, Deletion and Modification Form			
ICT Access Request Form			
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Document No:01	Version:6.1	Effective	Relevant area: IT & all other departments

* Tick appropriate			
New User Creation <input type="checkbox"/>		User Modification <input type="checkbox"/>	User Deletion <input type="checkbox"/>
Section A: Personal Particulars (for Doctors names should as per MCT)			
First name	Middle Name:	Surname:	
Phone Contact Details	Extension No:	Mobile No:	
Employee ID		MCT Reg. No:	
Department:			
Starting Date (if current employee, leave blank)			
End Date (if temporary or contract employee)			
User Category	New User <input type="checkbox"/>	Existing <input type="checkbox"/>	Exiting <input type="checkbox"/>
Required:	Create <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>
IT Assets Requested (Hardware)			
Standard hardware required (Define user level, tick where appropriate)		Telephone <input type="checkbox"/> Printer <input type="checkbox"/> Laptop Computer <input type="checkbox"/> Desktop Computer <input type="checkbox"/> Monitor <input type="checkbox"/> External Drive <input type="checkbox"/>	
IT Assets Requested (Software/Logical Access)			
	Grant	Revoke	
Active Directory/Domain Controller (tick where appropriate)	Normal User <input type="checkbox"/>	Normal User <input type="checkbox"/>	
	Administrator <input type="checkbox"/>	Administrator <input type="checkbox"/>	
	Super Administrator <input type="checkbox"/>	Super Administrator <input type="checkbox"/>	


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Email	User <input type="checkbox"/> Administrator <input type="checkbox"/> Super Administrator <input type="checkbox"/>	User <input type="checkbox"/> Administrator <input type="checkbox"/> Super Administrator <input type="checkbox"/>
OpenClinic HMS	Cash Sales <input type="checkbox"/> Controller <input type="checkbox"/> CP VVF <input type="checkbox"/> Credit Sales <input type="checkbox"/> Data Quality <input type="checkbox"/> DH Manager <input type="checkbox"/> Diagnostic Technician <input type="checkbox"/> ENT Nurses <input type="checkbox"/> General Billing <input type="checkbox"/> General Billing Controller <input type="checkbox"/> Head of SSD & Registration <input type="checkbox"/> Imaging Radiology <input type="checkbox"/> In charge Nurses PC <input type="checkbox"/> Inventory Admin WH <input type="checkbox"/> Inventory WH Stock Admin <input type="checkbox"/> Laboratory in-charge <input type="checkbox"/> Laboratory <input type="checkbox"/> Low Vision <input type="checkbox"/> Main Cash Desk <input type="checkbox"/> Medical Record <input type="checkbox"/> Medical Record & General <input type="checkbox"/> Billing <input type="checkbox"/> Nurses Anesthesia <input type="checkbox"/>	Nurses Eye <input type="checkbox"/> Nurses Orth <input type="checkbox"/> Nurses Private <input type="checkbox"/> Nurses VVF <input type="checkbox"/> Optical Inventory SM <input type="checkbox"/> Optical Manager <input type="checkbox"/> Optical Production <input type="checkbox"/> Optical Sales Officer <input type="checkbox"/> Optometry <input type="checkbox"/> P&O Tech & Production <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physician <input type="checkbox"/> Private SSD Nurses <input type="checkbox"/> Registration <input type="checkbox"/> Quality & Safety <input type="checkbox"/> Social SSD <input type="checkbox"/> System Administrator <input type="checkbox"/> Kwa Afya admin <input type="checkbox"/> Registration Physio <input type="checkbox"/>

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Aruti HR MIS	User <input type="checkbox"/> Administrator <input type="checkbox"/> Super Administrator <input type="checkbox"/> HR Officer <input type="checkbox"/> HR Manager <input type="checkbox"/>	User <input type="checkbox"/> Administrator <input type="checkbox"/> Super Administrator <input type="checkbox"/>
SAP ERP	User <input type="checkbox"/> Administrator <input type="checkbox"/> Super Administrator <input type="checkbox"/> Accountant <input type="checkbox"/> Revenue <input type="checkbox"/> CFO <input type="checkbox"/>	User <input type="checkbox"/> Administrator <input type="checkbox"/> Super Administrator <input type="checkbox"/> Accountant <input type="checkbox"/> Revenue <input type="checkbox"/> CFO <input type="checkbox"/>
Network Access (VPN)	User <input type="checkbox"/> Administrator <input type="checkbox"/> Super Administrator <input type="checkbox"/>	User <input type="checkbox"/> Administrator <input type="checkbox"/> Super Administrator <input type="checkbox"/>
Call Manager -PABX	User <input type="checkbox"/> Administrator <input type="checkbox"/> Super Administrator <input type="checkbox"/>	User <input type="checkbox"/> Administrator <input type="checkbox"/> Super Administrator <input type="checkbox"/>
NHIF Qualifications (<i>tick where appropriate</i>)	Super Specialist <input type="checkbox"/> Specialist <input type="checkbox"/> Medical Officer/Dental Surgeon <input type="checkbox"/> AMO/Dental Officer <input type="checkbox"/> Clinical Officer/Dental Assistant <input type="checkbox"/> Assistant clinical officer <input type="checkbox"/> Other: <input type="checkbox"/>	

Physical Access Request

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Physical Access	Clocking Machine (TA)	Access Key Cards
	User <input type="checkbox"/>	HEC Offices <input type="checkbox"/>
	HR Officer <input type="checkbox"/>	IT Data Centre <input type="checkbox"/>
	HR Manager <input type="checkbox"/>	IT Hubs <input type="checkbox"/>
	Administrator <input type="checkbox"/>	Laboratory & Morgue <input type="checkbox"/>
	Super Adminisrator <input type="checkbox"/>	MW Pharmacy <input type="checkbox"/>
		MW Theatres <input type="checkbox"/>
		Private Polyclinic <input type="checkbox"/>


Disclaimer on personal assets

Requester accepts full accountability for the personal assets and any impact they may cause to CCBRT Infrastructure and understands that CCBRT will not be held liable for anything that may happened to them.

Requester Declaration

I hereby acknowledge the completion of this form and accept accountabilities of the above requested CCBRT resources. In the event the CCBRT asset(s) is lost under my care I shall provide CCBRT with the asset or reimburse equivalent cost of purchase unless decided otherwise by CCBRT management.


Details:	Signature:	Date:
Requester:		
Line Manger Name:		
IT Officer Name:		
HR Officer Name:		

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Section B: ICT Administration Form

SECTION B: ICT ADMINISTRATION FORM

OS TICKET #					
SERVICES GRANTED	ACCESS AND LEVEL GRANTED			IMPLEMENTER	
	STANDARD	SUPERUSER	ADMIN	NAME	SIGNATURE & DATE
BUSINESS APPLICATION SERVICES					
<input type="checkbox"/> SAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> INSPIRO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> LAWSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> OPENX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> HMIS (OLD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> PENSION FUNDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> HEALTH INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> OPENCLINIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> ARUTI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> OTHERS (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
INFRASTRUCTURE SERVICES					
<input type="checkbox"/> DOMAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> EMAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> CYBEROAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> WIRELESS N/W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> VPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> PABX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> NETWORK POINT(S) (Specify Quantity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> SHARED FOLDERS (Specify Folder name)	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Full <input type="checkbox"/>		
<input type="checkbox"/> OTHERS (Specify)					
ASSET GRANTED					
	ASSET CODE				
<input type="checkbox"/> TELEPHONE					
<input type="checkbox"/> PRINTER					
<input type="checkbox"/> DESKTOP					
<input type="checkbox"/> THIN CLIENT					
<input type="checkbox"/> LAPTOP					
<input type="checkbox"/> ACCESS CARD					
<input type="checkbox"/> PROJECTOR					
<input type="checkbox"/> ASSET GATE PASS (Personal/ICT)					
ASSET GATE REF	SERIAL NO:	DESCRIPTION			

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COMPREHENSIVE COMMUNITY BASED AND REHABILITATION IN TANZANIA

P.O. Box 23310

Dar es Salaam – Tanzania

Tel: +225-699 990 002

Email: communication@ccbrt.org

Agreement Of Handing Key Card

Smart Key Card No: _____ **Handed Over to:** _____

User Department: _____

- 1. The recipient is responsible for this key**
- 2. It's not permitted to bring anybody without authorization (from line manager) to the secured facility locations**
- 3. The handover of the key to any other person is strictly prohibited.**
- 4. Displace or loss must be reported immediately to the line manager or program coordinator.**

User Signature: _____ **Date:** ____ / ____ /20.....

Line manager Name: **Signature:**

CCBRT Office Use only

Returned back by: _____ **Date:** _____

Received by: _____ **Date:** _____

Key Disabled: Yes / No

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