|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: Personal Information** | | | | | | | | | | | |
| **Name:** |  | | | | | | **Department:** | |  | | |
| **Position:** |  | | | | | | **Date:** | |  | | |
| **Employment Status:** | | | | | | | | | | | |
| Full-Time | | | | | Casual | | | Contractor | | | |
| **SECTION 2: Access Requested** | | | | | | | | | | | |
| New Employee: | | | | |  | | Email: | | |  | |
| Changing Department: | | | | |  | | Genie: | | |  | |
| Folder Access Change / Request: | | | | |  | | Cloud: | | |  | |
| Full  Restricted  **Name Specific Folder/s below** | | | | | | | ERP: | | |  | |
|  | | | | | | | MYOB: | | |  | |
| Terminate Access: | | | | |  | | QMS Administrator: | | |  | |
| **Date of Termination:** | | | | |  | | QMS User: | | |  | |
| **SECTION 3:**  **Department Folder Access** | | | | **Required Folder** | | **Restricted Folder Access** | **Department Folder Access** | | | **Required Folder** | **Restricted Folder Access** |
| Accounting  Accounts Payable  Accounts Receivable  Alliance Clinic Network  Business Development  Executive  Logistics & Facility Management  General Practitioners  Hand & Upper Limb  Health & Wellness  Human Resources  Information Technology  Injury Management  Marketing  Medical Deputising Service | | | |  | |  | Medical Specialists  Mole Patrol  MYOB  Nursing  OH&S  Payroll  Physiotherapy  Poison Permits  Project Management  Reception  Redilegal  Staff Information Board  Team Leaders  TeleHealth  Templates | | |  |  |
| **SECTION 4: Department Team Leader to Complete** | | | | | | | | | | | |
| **Name:** | |  | | | | | **Department:** | |  | | |
| **Signature:** | |  | | | | | **Date:** | |  | | |
| **SECTION 5: Approved and Checked By** | | | | | | | | | | | |
| **Name:** | | | Amber-Charlotte Fee | | | | **Position:** | | Human Resource Advisor | | |
| **Signature:** | | |  | | | | **Date:** | |  | | |
| **Name:** | | | Derrick Chan | | | | **Position:** | | Quality Assurance and Risk Manager | | |
| **Quality & Risk IT Department Folder Permissions Document Updated** | | | | | | | | | | | |
| **Signature:** | | |  | | | | **Date:** | |  | | |