



WA Rheumatic Heart Disease Register user application form

Applicant details	
Name	
HE number	
Position	
Health site	
Work telephone number	
Work email address	
I have permanent employment at this site <input type="checkbox"/>	If not permanent, my employment contract ceases on Date: _____
Reason for RHD Register access	_____ _____
Line manager details	
Name	
Position	
Health site	
Work telephone number	
Line manager approval	
As the supervisor/manager for this applicant, I support this applicant to have access to the WA Rheumatic Heart Disease Register.	
Signature_____Date_____	

Applicant
<ul style="list-style-type: none"> I have read and understand the WA Rheumatic Heart Disease Register access statement. I am aware of my obligations regarding the protection of client privacy and confidentiality. I understand that access granted as a result of this application is for the purposes relating to care coordination and direct provision of health services to clients residing in Western Australia. I will ensure that the login and password provided will only be used by myself or those nominated.
Signature_____Date_____

WA RHD Program authorisation	
Name	
Position	
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature _____ Date _____	

Data Entry Officer	
<input type="checkbox"/>	User access granted
<input type="checkbox"/>	Email sent with username and password including guidelines
<input type="checkbox"/>	Documents recorded and saved in TRIM