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| The administrators/managers of the services should ensure that users of S2S comply with the Australian Privacy Act 1988 and the relevant State privacy acts.If you need assistance in completing this form please contact the S2S Support Team on (03) 9418 7466 or by email [apps@infoxchange.net.au](apps%40infoxchange.net.au) |

I, **Your full name** from **Organisation name as per S2S** verify that the agencies/services listed in the table below are members of the listed Project Control Group (PCG) and are requesting access to the S2S eReferral Support Planning module to coordinate Support planning as members of this network.

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| **PCG Region/ Cluster** | **Agency Name** | **Service as displayed in S2S**(*ie. Allied Health: Physio*) | **Agency Key Contact Name** | **Job Title** | **Email Address** | **Phone** |
|       |       |       |       |       |       |       |
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| Region/Cluster Project Control Group (PCG) Coordinator Name: **Full Name**  | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone:       Email:       | Date:  |