The Managers or Authorised Persons of the services are required to:

* Provide the names of all staff members who will be authorised to use the S2S eReferral system.
* Inform the Online Applications Support Team (apps@infoxchange.net.au) if a staff member leaves so that their access to S2S can be disabled.
* Ensure that users of S2S comply with the Australian Privacy Act 1988 and the relevant state privacy acts.

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| --- | --- |
| Region:  |        |

 (ACT / Vic / Vic Eastern)

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| I, |       | from |       |

 (Authorising Officer) (Organisation/Agency name)

verify that the people listed on the table below are staff members of this Organisation and Service and are authorised to perform the roles as described in the S2S eReferral System and that they have been advised of their obligations under the federal and state privacy acts.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:  |       | Date:  |       |

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| **Service/s required assess to: (as displayed in S2S)**(*e.g. Allied Health: Physio*) | **Username:***(if known)* | **Name of User:** | **Email Address:** | **Phone:** | **eReferral Role: (contact us if unsure)**e.g. Practitioner, Referral Coordinator, Service Coordinator  | **Action:**Add/ Edit / Remove |
|       |       |       |       |       |       |       |
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| Key Contact Person:  |        | Phone:  |       | Email:  |       |

(can be different from above)

**Please sign the completed form and either fax to the Online Applications Support Team on (03) 9486 9344
or scan and email to** **apps@infoxchange.net.au**