**External (Non-NT Health) Researcher use only**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **External Access:** To access clinical information systems externally from a non NTG asset such as a personal home computer, LAN and VPN access must be activated and approved via NTG account and second factor authentication must be enabled. *Non-Northern Territory Government applicants should contact NT Health Research Governance Office (RGO) to have LAN and VPN enabled and for further support.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Access Type**: | | | New | | Modify/Reactivate | | | | | | | | In Addition To Current Access | | | | | | | | | | | | | Deactivate | | | | | |
|  | | |  | |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| Full professional name **MUST** be provided exactly as per [AHPRA](https://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx) Registration for ALL registered clinicians. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Details** | **Last Name** |  | | | | | | | **First Name** | | | |  | | | | | | | | | | **Preferred Name** | | | |  | | | |
| **Phone: Work** | | |  | | | | | **Phone: Mobile** | | | | |  | | | | | | | | | | | | | | | | | |
| **Email: Work** | | |  | | | | | | | | | | **Email: Personal** | | | | | | |  | | | | | | | | | | |
| **What is your current employer organisation name?** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **What is your current role title:** | | | | | **Select Role Title** | | | | | | | | **Specify other role title :** | | | | | | | | | |  | | | | | | | |
| **Have you had previous NTG access?** | | | | | **Yes  No** | | | | | | | | **If yes, what is your**  **NTG Account ID** | | | | | | | | | |  | | | | | | | |
| **Is this access in addition to your current clinical system access?** | | | | | | | | | | | | | **Yes** | | | | | | | | | | **No** | | | | | | | |
| **Anticipated dates of Research Access**  *Note: As per Ethics approved time frame* | | | | | | | **Start Date** | | | | | | **/**   **/** | | | | | | **End Date** | | | | | | | | **/**   **/** | | | |
| **Access Requirements** | **How will you access clinical systems?** | | | | | | **Onsite** | | | | | | | | | **Remote** | | | | | | | | | **Both** | | | | | | |
| **Tick the required clinical systems**  **NOTE: READ ONLY ACCESS** | | | | | | **CareSys** | | | | | **CWS** | | | | | **eMMa** | | | | | **PCIS** | | | | | | | **Acacia** | | |
| **CCIS Access** | | | | | | If Access is required to CCIS, please refer to the CCIS [Non Standard Access Guidelines](http://internal.health.nt.gov.au/SiteCollectionDocuments/CCIS/Non%20Standard%20Access%20Guidelines.docx) and submit the CCIS [Non Standard Access Request](http://internal.health.nt.gov.au/pgc/dm/Documents/GBS/ISS/Service%20Delivery/CCIS/Access%20Forms/CCIS%20Application%20for%20Non%20Standard%20Access%20to%20CCIS.docx) form. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tick the required Hospital sites** | | | | | | **RDH** | | | **PRH** | | | | | | **KH** | | | **GDH** | | | | | | **ASH** | | | | | **TCH** | |
| **List any other required sites** | | | | | | **Example: Borroloola CHC or Aged Care** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Title of Research Project**  **NOTE: If working for multiple research projects, a separate form is required for each project** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **RGO SSA Reference Number** | | | | | | | | | | **EFILE:** | | | | | | | **RGO Authorisation Date**    **/**   **/** | | | | | | | | | | | | | |
| Description of data: *Provide a list of data items you wish to view /retrieve as per approved Ethics and RGO submission.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Declaration** | **APPLICANT DECLARATION**  I understand that when I access a Clinical System, I am required to comply with the provisions of the [Information Act](https://legislation.nt.gov.au/Legislation/INFORMATION-ACT-2002) and the NT Health [Privacy Policy](http://internal.health.nt.gov.au/governance/legal/freedomofinformation/Pages/default.aspx#protecting-your-privacy) when handling personal information.  I acknowledge that improper access, use or disclosure of the information may cause serious harm to the Department and/or individuals.  I declare that I have a valid National Police Check (within six months) and if accessing data of children under 18 years of age, also have a valid working with children’s clearance (WWCC).  I have signed and submitted the Deed of Confidentiality and Compliance Form to NT Health RGO.  I understand that my access to any of the clinical systems is logged and that any activities under my NTG Account User ID can be audited at any time.  I understand that I can only access data and information related to the approved/authorised research project(s) as stated in this form. | | | |
| **Signature** |  | **Date** | **/**   **/** |

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| **AUTHORISATION** | **SITE PRINCIPAL INVESTIGATOR (SITE PI) AUTHORISATION AND DECLARATION**  I have been provided with a copy of applicant’s valid National Police Check (within six months) and if accessing data of children under 18 years of age, also a valid working with children’s clearance (WWCC).  I accept responsibility for the oversight of research staff activities and I endorse the applicant’s access request for the stated research project(s). | | | | |
| **Site PI Full Name** | |  | | |
| **Position Title** |  | | **Department** |  |
| **Phone** |  | | **Cost Code** |  |
| **Signature** |  | | **Date** | **/**   **/** |

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| Once form is completed and both applicant and Site PI sign the declaration,  please submit to **NT Health RGO** [**nthealth.rgo@nt.gov.au**](mailto:nthealth.rgo@nt.gov.au) **(08) 8922 7561 for final authorisation.**  *Please note: RGO may request an email endorsement from Dr Sam Goodwin, Executive Director of Medical and Clincial Services* [*Samuel.Goodwin@nt.gov.au*](mailto:Samuel.Goodwin@nt.gov.au) *for ACIS access to Central Australia and/or Barkly Regional Health Service.* |
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| NT Health RGO will create/activate account for LAN and VPN access and submit the authorised request form to NTG Service Centre for the approved clinical systems access. |

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| **FINAL AUTHORISATION** | **DELEGATE FINAL AUTHORISATION** | | | |
| **Name** | **Associate Professor Bhavini Patel, Executive Director of Medicines Management and Research** | **Phone** | (08) 8922 7561 |
| **Signature** |  | **Date** | **/**   **/** |

**If Training is required, please book via** [**MyLearning**](https://mylearning.nt.gov.au/)

**Once Final Authorisation is received: eMail the completed application to:**

[**ABS1Service.DCDD@nt.gov.au**](mailto:ABS1Service.DCDD@nt.gov.au) **only.**

For information regarding this application please phone NTG Service Centre on: 1800 000 254