



Fax completed form to: **ATTENTION: SETTLEMENT GRANTS (02) 6198 7020**

Who is the person requiring access?

*Please use BLOCK letters

Title Mr/Mrs/Dr etc	
Family name	
Given names	
Role in organisation	
Business / Day Time Phone number	()
Email Address	
Home Page for Organisation	

Conditions of access

- Individual user account and password security is provided to access the department's IT resources. **User accounts and passwords must not be disclosed to another person.**
- Actions prejudicial to security may result in access being suspended or ceased without notices.
- All persons with access to the department's IT resources have particular responsibilities in respect of :
 - Password security. No person is to attempt to bypass or defeat the department's IT security system.
 - All persons are responsible for maintaining the integrity of software and hardware under their ownership and ensuring that its condition does not prejudice the integrity of DIAC propriety or licensed software or hardware.

Declaration by requesting person

I certify that:

I have read and agree to abide by the 'Conditions of Access' outlined on the form.

Signature:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY

Office use only

I have verified the details on this form and have set up a Logon ID for the person requesting access

Name:

Signature:

Date:

Who is nominating the person requiring access and authorising? Please provide details:

Organisation details:

Existing SGP funded Organisation? **YES** **NO**

If **YES** Please provide
Organisation ID

If **NO** Please provide:

Registered name of the organisation by which the person who is requesting access is employed:

ABN number:

Is the organisation part of a consortium or partnership?

NO **YES**

Organisation's postal address:

Street:

Suburb/town:

State:

Postcode:

Business phone:

Facsimile:

Please note:

The nominating organisation needs to monitor its personnel who no longer require access. Personnel leaving the organisation should have their user account deactivated by the authorised representative contacting the Settlement Grants Program Helpdesk.

Approval by organisation's authorised representative

I certify that I/the person named on this form requires the access requested.

Print Name:

Signature:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY

For Access issues and password reset or any further information contact the SGP Helpdesk on 1800 453 004