



HEMS Application Access Request HSS Providers

Form
HEMS
220211

**Fax the completed form to the *HEMS Helpdesk Team*:
(02) 6198 7020**

Please read the attached instructions before completing this form.

PLEASE SELECT: **New:** () **Modify:** () **Delete:** () **Existing Logon ID:**

A. DETAILS OF PERSON REQUESTING ACCESS

(please use a separate form for each person)

Access Requestor - Personal Details:

Family Name	
Given Name(s)	
Role in Organisation	
Business Phone No.	()
E-mail Address	

B. ORGANISATION DETAILS

(Please complete all boxes)

Name of Primary Contact Person:

Business Phone No.	()
E-mail Address	

Lead Agency Name

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Service Provider Acronym

State / Territory

ABN Number:

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Conditions of Access

All persons with access to DIAC IT resources have particular responsibilities in respect of:

- Password security – No person is to attempt to bypass or defeat the DIAC IT security system.
 - You must not reveal your Login ID and password to third parties and allow them to log on to the system using your credentials.
 - You must not use another user's details to log in to the system.
- Software and hardware security – You are responsible for maintaining the integrity of software and hardware under your ownership and ensuring that its condition does not prejudice the integrity of DIAC propriety or licensed software or hardware.

Actions prejudicial to security may result in access being suspended or ceased without notice.

Declaration by the requesting person

I, as the access requestor, certify that I have read, and agree to abide by, the 'Conditions of Access' outlined on this form.

Signature

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Request Date ____/____/____

Approval by Primary Contact person

I, as the authorised Primary Contact, certify that the person named in section A of this form is employed by the named organisation and requires the requested access to HEMS.

Signature

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Approval Date ____/____/____

DIAC OFFICE USE ONLY

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

Name of Officer

Position No.

Date Granted

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Instructions to Complete the Form

Service Provider staff requiring access to HEMS are to complete and submit the HEMS 270211 form as per the following instructions:

1. New – For a new user for HEMS, enter an 'X' in the "New" bracketed space (ignore Modify, Delete and Existing Logon ID fields) and complete the rest of the form.
2. Modify – If you wish to change your personal details, please enter an 'X' in the 'Modify' bracketed space (ignore New and Delete fields), provide your Existing Logon ID and complete the rest of the form.
3. Delete – If a staff member no longer requires access or has left the organisation, the Primary Contact person must complete the form to request that a departed staff member's access be removed from the system. Enter an 'X' in the 'Delete' bracketed space (ignore New and Modify fields) and provide the Existing Logon ID.

NB: Please fax the completed form to (02) 6198 7020.

A HEMS Help Desk staff member will contact you once your application has been received. If the application is not completed correctly it will be returned to you for completion.

Password Resets

If you have forgotten your HEMS access password, send an e-mail to the HEMS Help Desk team mailbox at the following e-mail address: ihss@immi.gov.au requesting that your password be reset. Ensure that you include your Logon ID and telephone number on the e-mail, and copy your organisation's Primary Contact person on the e-mail. Alternatively, call the HEMS Help Desk on 1800 670 123.

A HEMS Help Desk staff member will contact you to process your request and advise your new password.