

## ARIA USER ACCOUNT MANAGEMENT FORM

### DETAILS OF USER

Name	
Job Title	
Email address	
AD account name	
Department/Site	

### TYPE OF CHANGE

Add	Amend	Deactivate	Activate*
* If the time between last system access and the request to re-activate the account has exceeded 6 months, appropriate refresher/full training must be provided and documented below before submitting this request			

### USER GROUP

Accredited Checking Pharmacy Tech	Consultant (see below)	HCA	
Informatics	Nurse	Nurse Manager + Planner	
Nurse Manager + Scheduling	Paeds Prescriber	Pharmacist	
Pharmacists System Admin**	Pharmacists Validation**	Pharmacy Tech	
Scheduler	Users Admin	View & Print	
<b>CONSULTANTS AND NON-MEDICAL PRESCRIBERS ONLY</b> (Not required for other prescribers in the consultant user group)			
Clinical Oncologist	Medical Oncologist	Haematologist	
Paediatrician	GMC number/Pharmacist registration number for non-medical prescribers		

\*\* refer ALL requests to KMCC system Admin

### LINE MANAGER OR TRAINER AUTHORISATION

I confirm that the account of the above named staff member may be added/changed as specified above.

Name			
Signed			
Date of training or refresher training		Date	

### SYSTEM OR USER ADMINISTRATOR USE ONLY

User name (firstname.surname)			
User group			
Added to ARIA by (Print Name)			
Signed & Date			