

# ARIA USER ACCOUNT MANAGEMENT FORM

DETAILS OF USER	
Name	
Job Title	
Email address	
AD account name	
Department/Site	

TYPE OF CHANGE	
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\* 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	
<b>CONSULTANTS AND NON-MEDICAL PRESCRIBERS ONLY</b> (Not required for other prescribers in the consultant user group)	
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	