

ARIA USER ACCOUNT MANAGEMENT FORM

DETAILS OF USER	
Name	Click or tap here to enter text.
Job title	Click or tap here to enter text.
Email address	Click or tap here to enter text.
Ad account name	Click or tap here to enter text.
Department/site	Click or tap here to enter text.

Type of change	Choose an item.
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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 (Select Consultant for all prescribers who treat adult patients)	Choose an item.
DISCIPLINE Select from drop-down menu as appropriate for job role	Choose an item.
CLASSIFICATION Only complete for those listed	Choose an item.
PRESCRIBER GMC OR NMP REGISTRATION NUMBER Only complete for prescribers	Click or tap here to enter text.

** 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	Click or tap here to enter text.	
Signed	Click or tap here to enter text.	
Date of training or refresher training	Enter Date	Today's Date

SYSTEM OR USER ADMINISTRATOR USE ONLY		
User name (firstname.surname)	Click or tap here to enter text.	
User group	Click or tap here to enter text.	
Added to ARIA by (Print Name)	Click or tap here to enter text.	
Signed	Enter Date	Today's Date