|  |  |
| --- | --- |
| **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. |

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| --- | --- |
| **TYPE OF CHANGE** | Choose an item. |

\* 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

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| --- | --- |
| **USER GROUP** | Choose an item. |
| **CONSULTANTS AND NON-MEDICAL**  **PRESCRIBERS ONLY**  (Not required for other prescribers in the  consultant user group) | Choose an item. |
| GMC number/Pharmacist registration number  for non-medical prescribers | Click or tap here to enter text. |

\*\* refer ALL requests to KMCC system Admin

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| --- | --- | --- |
| **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** |