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

\* 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** | Choose an item. |
| **CONSULTANTS AND NON-MEDICAL****PRESCRIBERS ONLY**(Not required for other prescribers in theconsultant user group) | Choose an item. |
| GMC number/Pharmacist registration numberfor non-medical 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** |