The Managers or Authorised Persons of the services are required to:

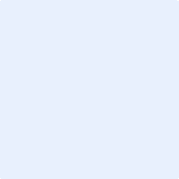
• Provide the names of all staff members who will be authorised to use the S2S eReferral system.

• Inform the S2S Support Team (support@s2s.org.au) if a staff member leaves so that their access to S2S can be disabled.

• Ensure that users of S2S comply with the Australian Privacy Act 1988 and the relevant state privacy acts.

**Region:** **Click Here to Select your Region**

I, **TYPE AUTHORISING PERSONS NAME HERE** from **TYPE ORGANISATION/AGENCY NAME HERE** verify that the people listed on the table below are staff members of this Organisation and Service and are authorised to perform the roles as described in the S2S eReferral System and that they have been advised of their obligations under the federal and state privacy acts.

**Signature:**  **Date:** Click here to enter a date.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service/s for which access is required:** (*e.g. Allied Health: Physio*) | **Username:** *(if known)* | **Name of User:** | **Email Address:** | **Phone:** | **eReferral Role:** (if unsure contact us) | **Action:** Add/Remove/ Edit |
|  |  |  |  |  | **Click here to select** | **Click here to select** |
|  |  |  |  |  | **Click here to select** | **Click here to select** |
|  |  |  |  |  | **Click here to select** | Click here to select |
|  |  |  |  |  | **Click here to select** | Click here to select |

**Key Contact Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Phone: |  | Email: |  |