

RCH Compass Reporting

Please forward completed form to: Compass System Administrator
Decision Support, RCH

COMPUTER LOGON	<input style="width: 95%;" type="text"/>	EMAIL	<input style="width: 95%;" type="text"/>
GIVEN NAME	<input style="width: 95%;" type="text"/>	FAMILY NAME	<input style="width: 95%;" type="text"/>
WORK LOCATION	<input style="width: 95%;" type="text"/>	JOB TITLE	<input style="width: 95%;" type="text"/>

I acknowledge that the provisions of RCH policy RCH0027 (Personal Information - Confidentiality) and RCH policy RCH0028 (Personal Information - Security) apply to the information stored in the Performance Reporting System and undertake to maintain confidentiality and security of all such information. I also undertake to keep my access password secure and not divulge it to any other person.

SIGNATURE OF EMPLOYEE	DATE
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COST CENTRES/DEPARTMENTS FOR WHICH ACCESS IS REQUIRED

SIGNATURE OF UNIT / DEPARTMENT HEAD	DATE
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UNIT / DEPARTMENT HEAD NAME	UNIT / DEPARTMENT
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OFFICE USE ONLY

AD Group:	G RCH BI Admin	REQ	DONE		Email sent: <input type="checkbox"/>
	G RCH BI Scorecard	<input type="checkbox"/>	<input type="checkbox"/>		
	G RCH BI Reports	<input type="checkbox"/>	<input type="checkbox"/>		
	DL RCH BI Clinical	<input type="checkbox"/>	<input type="checkbox"/>		
	DL RCH BI Reports	<input type="checkbox"/>	<input type="checkbox"/>		

ACCESS LOCATIONS

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DECISION SUPPORT SIGNATURE	DATE
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