



Individual Windows Logon Form

User Details

TITLE :	FIRST NAME :	SURNAME :
POSITION :	EMPLOYEE NO :	
TELEPHONE :	PAGER :	
EMAIL:		
BUILDING:	FLOOR:	ROOM NUMBER:
DEPARTMENT / CLINICAL AREA / WARD :		
DEPARTMENT HEAD :		
ARE YOU AN EXISTING VPN (Virtual Private Networking) ACCOUNT HOLDER?		YES / NO

As a user of the RCH Hospital Network you are required to read and acknowledge the following RCH Information & Communications Technology (ICT) Policies.

RCH Email and Internet Policy

http://www.rch.org.au/policy_rch/?doc_id=6336

RCH ICT Security

http://www.rch.org.au/policy_rch/index.cfm?doc_id=6412

Penalties for Policy Non Compliance

Willful deviation from RCH ICT Policies and Procedures will be treated as serious misconduct.

NOTE : When prompted to change the password for your Windows Logon, you must enter a minimum of 5 alphanumeric characters.

SIGNED _____	DATE _____
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DEPARTMENT HEAD I confirm that this is a valid and required account and give authorisation for its creation on behalf of this department.		
NAME _____	SIGNED _____	DATE _____

When fully completed and signed, please forward or fax to :
RCH ICT Department, Domain & Security Group, 4TH Floor, South East Building. Fax no. 4970
PLEASE NOTE: Incomplete forms will not be processed and will be returned.

ICT AUTHORISATION		
NAME _____	SIGNED _____	DATE _____

Version: SYNAPSE 1.0 12/11/07	Author: Server Team
Office Use Only	
UserName _____	Date Created _____
	Created By _____