

Cardax – New Operator Access Request

Upon completion of this form (2 pages), please fax to Properties System Support on (08) 9266 **2660** or scan and send via email to PropertiesSystemSupport@curtin.edu.au

Please ensure that you read the form carefully and complete **ONLY** the relevant sections.

APPLICANT DETAILS

The section below is to completed by **ALL** applicants.

Staff ID / Associate ID: (Required)

Title: _____ Family Name: _____ Given Name(s): _____

Email: _____ Phone: _____

The section below is to **ONLY** be completed by **INTERNAL** applicants.

Position Title: _____ Campus: _____

Department: _____ Building: _____

External Only

The section below is to **ONLY** be completed by **EXTERNAL** applicants.

Company: _____ Phone: _____

Company Address: _____ Postcode / State: _____ / _____

Position Title: _____ Email Address: _____

OPERATOR REQUIREMENTS

The section below is to **ONLY** be completed by **INTERNAL** applicants.

SAME operator access as: Staff ID / Associate ID:

Staff Name: _____

OR select required operator access:

Tick	Operator Group	Operator Group Privileges
<input type="checkbox"/>	Area - Management	Operators that require editing schedules, door override, viewing cardholders and modifying access control
<input type="checkbox"/>	Area - Supervisor	Operators that require alarm/event processing, viewing cardholders and modifying access control
<input type="checkbox"/>	Security - Management	Security Management that require editing cardholders, alarms, schedules, access groups
<input type="checkbox"/>	Security - Supervisor	Security Officers that require bulk processing of alarm/events, viewing cardholders and modifying access control
<input type="checkbox"/>	Security	Security Officers that require alarm/event processing, viewing cardholders and modifying access control
<input type="checkbox"/>	CITS Development	IMS staff that require view only privileges whilst completing any development work
<input type="checkbox"/>	Student Services - Management	Student Services Management that require editing cardholders, viewing access groups
<input type="checkbox"/>	Abacus	IMS/Abacus staff that require viewing cardholders
<input type="checkbox"/>	Photo station	Student Central staff which are required to print and encode cardholders

The section below is to **ONLY** be completed by **EXTERNAL** applicants with a valid University Associate ID.

SELECT required operator access:

Tick	Operator Group	Operator Group Privileges
	Installer	Contractors that are installing / testing hardware

APPLICATION DECLARATION

In signing this request, I:

- acknowledge that Curtin University (Curtin) is required to process documentation containing personal information and as a part of my duties I may have access to that information.
- will undertake to keep all such information confidential and acknowledge and agree that it is an express condition of my access that any information which might reasonably be regarded as being of a confidential or personal nature which is gained by me as a result of my access, is not divulged or made available to any other person, company or government agency not authorised by law to have access to such information without the written permission of the employee/student concerned.
- acknowledge that it is a breach of the confidentiality requirements to provide my Username and Password to anyone, to misuse my own access, to use another person's access, or to provide another person with my personal access details.
- acknowledge that as an associate or contractor of Curtin University, I am bound to comply with the Policies of the University (<http://policies.curtin.edu.au/>). These policies include but are not limited to Conflict of Interest, ICT, Fraud, Ethics, and Confidentiality. I am aware that any breach of University policy requirements may result in disciplinary action being taken against me as Curtin may deem appropriate.
- acknowledge I have read and fully understand the need for maintaining the confidentiality of the records.

Signature of Applicant: _____ **Date:** _____

Authorised Officer to Complete (Head of applicant's Department / Area or External Company Manager)

By signing this form you are authorising the applicant to be granted the access as detailed on page 1. You also understand that as a condition of access, the applicant may be required to attend training on use of the system, including reinforcement training or re-training following system changes in the future.

Name: _____ **Email:** _____

Position: _____ **Phone:** _____

Signature of Authorised Officer: _____ **Date:** _____

Properties System Support Use Only

Authorised & Actioned by: _____ **Date:** _____

Software Installed (If local install required)
 Added to Email Distribution List
 Added to Operator List
 Added to Novell Cardax group (If Citrix access required)
 Confirmation Email Sent