



# THE UNIVERSITY OF WESTERN AUSTRALIA

## Information Technology Services REQUEST FOR ACCESS TO PHEME HELPDESK SYSTEM

### SECTION 1 – APPLICANT DETAILS

Employee ID:	Faculty:
Surname:	Department:
Given Name:	Section:
Telephone:	Contract Expiry Date:        /        /
Email:	

### SECTION 2 – ACCESS REQUIRED

	Required	
STAFF – Read Only	Yes	No
STAFF – Full Access	Yes	No
STUDENT – Read Only	Yes	No
STUDENT – Full Access	Yes	No

Reason Access is Required:

### SECTION 3 – HEAD OF DEPARTMENT DECLARATION

I acknowledge that the applicant whose name is given above has a legitimate need to have access to the PHEME HELPDESK SYSTEM. I agree to advise ITS when access is no longer required or any of the above information changes:

Signature: \_\_\_\_\_ Date:        /        /

Print Name:

### SECTION 4 – USER DECLARATION

I hereby request access to the PHEME HELPDESK SYSTEM as described above. I acknowledge that the University's computer and software regulations will apply and I have read them.

Signature: \_\_\_\_\_ Date:        /        /

### SECTION 5 – ITS USE ONLY

Access Granted \_\_\_\_\_ Date:        /        /

Signature: \_\_\_\_\_ Date:        /        /