

Request for Computer Access

For Medicine, Nursing & Health Sciences Staff
or Postgraduate Students



| 1: Staff / Postgraduate Details | Office use only | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| Type (tick one only): <input type="radio"/> Staff Member <input type="radio"/> Postgraduate <input type="radio"/> Honorary <input type="radio"/> Honorary (External*) <small>Access to e-mail and external web services For Honorary staff with a valid Monash ID#</small> <small>*Access to Monash Web Pages but No E-mail account or other Monash Computer Services. (No ID required)</small> | Date Rec'd: ____/____/20__ Received by: _____ Processed by: _____ JobDesk No: _____ Comments: _____ _____ _____ | | | | | | | | |
| ID Number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (Compulsory) | | | | | | | | | |
| | | | | | | | | | |
| Expiry Date on ID Card: ____/____/____ (Compulsory) | | | | | | | | | |
| Title (circle): Mr Mrs Ms Miss Prof Dr Gender: Male / Female | | | | | | | | | |
| Phone: _____ Fax: _____ | | | | | | | | | |
| Surname: _____ | | | | | | | | | |
| Given Names: _____ <small>(Please provide a middle name if possible)</small> | | | | | | | | | |
| Position Title: _____ | | | | | | | | | |
| School / Department: _____ | | | | | | | | | |
| Campus: _____ | | | | | | | | | |

| 2: Username – choose one option | | | | | | | | | |
|---|---|----------------|--------------------|-------------------|--|--|--|--|--|
| Re-enable an existing username | Existing Username: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | |
| | | | | | | | | | |
| OR Automatically Generate username | <input type="radio"/> (tick) Automatically generate a new username from my given family names. Example: "James Kelly Longname" = "jklongna" | | | | | | | | |
| OR Create a new username from a name that I choose | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Username Rules</td></tr> <tr><td style="padding: 2px;">"A-Z" letters only</td></tr> <tr><td style="padding: 2px;">Min: 3 characters</td></tr> </table> | Username Rules | "A-Z" letters only | Min: 3 characters | | | | | |
| Username Rules | | | | | | | | | |
| "A-Z" letters only | | | | | | | | | |
| Min: 3 characters | | | | | | | | | |
| | 1 st choice: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | |
| | | | | | | | | | |
| | 2 nd choice: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | |
| | | | | | | | | | |
| | 3 rd choice: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | |
| | | | | | | | | | |

| 3: Access – tick if required | | |
|--|--|--|
| <input type="radio"/> Staff Novell Account <small>(required to access on-campus workstations)</small> | <input type="radio"/> E-mail account and address <small>(Monash Messaging System)</small> | <input checked="" type="checkbox"/> Authcate Account <small>(required to access internet, e-mail, my.monash portal, etc.)</small> |
| <input type="radio"/> Other: _____ Reason for Access: _____ | | |

| 4: Authorisation – to be signed by Head of Department or Resource Manager | |
|---|----------------------|
| Signature: _____ | Phone: _____ |
| Print Name: _____ | Date: ____/____/20__ |

N.B: Forms not correctly signed or improperly completed will not be processed

| | |
|--|--|
| Please return this form to: IT & Multimedia Building 15, Clayton Campus Faculty of Medicine, Nursing & Health Sciences | Note: <i>If the applicant does not have a photo ID Card from the University, please contact either the Head of Department or Business and Resource Manager in the applicant's Department.</i> |
|--|--|