



MONASH University
Medicine, Nursing and Health Sciences

SCHOOL OF PSYCHOLOGY, PSYCHIATRY AND PSYCHOLOGICAL MEDICINE

New Staff/Postgraduate Computer Account Request

Title <i>(please circle one)</i>	Mr Mrs Ms Dr Prof A/Prof Other:
First Name	
Middle Name <i>(required for students)</i>	
Family Name	
ID Number	
Campus <i>(please tick one)</i>	<input type="checkbox"/> Austin <input type="checkbox"/> Caulfield <input type="checkbox"/> Clayton <input type="checkbox"/> Churchill <input type="checkbox"/> Dandenong <input type="checkbox"/> Forensicare <input type="checkbox"/> Kingston <input type="checkbox"/> MMC <input type="checkbox"/> Notting Hill <input type="checkbox"/> South Africa <input type="checkbox"/> The Alfred <input type="checkbox"/> Other (please specify)
Position <i>(staff)</i>	
Course and supervisor <i>(students)</i>	
Current and past Monash computer accounts <i>(if any)</i>	
Contact email address and phone number	
Office Use Only	
Assigned Username	<input type="checkbox"/> MDS <input type="checkbox"/> CRUX Registered <input type="checkbox"/> Email address created <input type="checkbox"/> Mailing List <input type="checkbox"/> E-mail Sent <input type="checkbox"/> Contacted <input type="checkbox"/> Other / /200
Licensed software declaration	Electronic use of name and photograph consent form
<p>I declare that I will not install any unlicensed software on any Monash University computer.</p> <p>If I am aware of any unlicensed software installed on the computer (s) I use, I will either delete it permanently or will inform School IT Support.</p>	<p>I give permission for my (strike out where desired):</p> <ul style="list-style-type: none"> • name • photograph • contact details (office location, office phone number) • e-mail • research interest <p>to appear on the School's webpages. I understand that potentially anyone in the world can access this information about myself. I also understand that I cannot publish electronically details of Monash staff or students without their permission.</p> <p><i>You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6011.</i></p>
NAME _____	
SIGNATURE _____	DATE _____

Please **send** a completed form to: Mr Alex Czerwinski, Monash University, SPPPM, Bldg 17, CLAYTON, VIC 3800 or fax to 9905 3948, attn. Alex.

Please make sure you supply a valid Monash ID number, your application can not be processed without it.