# NSW Major Trauma Visualisation Tool Access Application Form

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| **Full Name:** | Click here to enter name. | **Employee ID:** | Click here to employee ID. |
| **Facility:** | Choose a facility. | **Position:** | Click here to enter position. |
| **E-mail address:** | Click here to enter email. | **Phone:** | Click here to enter number. |
| **List the facilities you require access to:** | Click here to enter facilities. | | |

\*If ‘Other’, this application for access to the NSW Major Trauma Data Tool will be subjected to further approval from the appropriate facility/s or ITIM, and should be accompanied by an ITIM [Data Request Form](https://www.aci.health.nsw.gov.au/networks/itim/Data/nsw-trauma-registry-data-request).

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| **THIS FORM MUST BE SIGNED BY THE REQUESTOR PRIOR TO SUBMISSION** |
| I understand that if I am granted access to the NSW Major Trauma Visualisation Tool, henceforth referred to as the application, that I may have access to personal information collected from patients that is protected by privacy law. In requesting access to the application I undertake to not knowingly access any personal information through or from the application unless such information is essential for me to properly and efficiently perform my duties.  I recognise and accept that my access to, holding and use of this information is subject to the Health Privacy Principles contained in the NSW Health Records and Information Privacy Act 2002. In order to fulfill this undertaking, I will not divulge any personal information regarding individual persons, except as allowed by the Health Privacy Principles.  I undertake to comply with other information privacy and security procedures as stipulated by NSW Ministry of Health policies\* in relation to any personal information that I access in the course of my duties. In order to fulfill this undertaking I will ensure that, so far as is within my control, such information, whether in the form of paper documents, computerised data, or in any other form, cannot be viewed by unauthorised persons, and that the information is stored in a secure and orderly manner that prevents unauthorised access.  I further undertake to inform my supervisor or a relevant officer, immediately if I become aware of any breach of privacy or security relating to the information that I access in the course of my duties.  I understand and accept that my access may be denied at the absolute discretion of my employer or the NSW Health Agency where I am engaged.  \*Relevant NSW Health Policy Directives (or their equivalents) include:   * NSW Health Privacy Manual * Data Collections – Process for Approval of New or Modified * Electronic Information Security Policy – NSW Health * NSW State Digital Information Security Policy |

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| **Name** | **Signature** | **Date signed** |
| Click here to enter text. |  | Click here to enter a date. |

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| **THIS FORM MUST BE SIGNED BY THE APPROVER PRIOR TO SUBMISSION** | | | | |
| I give my approval for the above named employee to be granted access to the audit functionalities of the application | | | | |
| **Approval by** | **Name** | **Position** | **Signature** | **Date signed** |
| **Facility** | Click here to enter name. | Click here to enter position. |  |  |
| **NSW ITIM** |  |  |  |  |

Please sign, scan and send the form to the ACI ITIM NSW Major Trauma Visualisation Tool Administrator at [hardeep.singh@health.nsw.gov.au](mailto:hardeep.singh@health.nsw.gov.au)