

HOW TO REGISTER FOR ISIS:

Complete sections 1, 3 and 4 of this form and fax to your Hospital and Health Service Interpreter Service Coordinator.

For Interpreter Service Coordinator contact details go to <http://qheps.health.qld.gov.au/multicultural>

1. GENERAL USER DETAILS

QH User

Mater User

Surname

Given Names

Position Title

District

Facility

Facility location address

QH Novell User ID

Email address

Contact phone number

2. INTERPRETER PROVIDER DETAILS

Staff interpreter with QH or Mater

Individual contractor with QH or Mater

ONCALL

Surname

Given Names

District/s (If Mater interpreter, write Mater)

QH Novell User ID

Email address

Contact phone number

3. ACCESS DETAILS

Access change required

New ISIS access

Modify ISIS access

Terminate ISIS access

Role access required

Requester

Provider

Quality Administrator

Coordinator

Interpreter

System Administrator

System access security policy

1. All information on the information system is confidential. I will abide by Part 7 of the Health Services Act.

2. System passwords and User IDs are confidential and are not to be shared with or revealed to any other person.

I have read and understand the policy and request access to ISIS as indicated above.

USER'S SIGNATURE: _____ DATE: _____

4. BUSINESS APPROVAL

Supervisor Name

Position and district/agency

Contact phone number

SUPERVISOR SIGNATURE: _____ DATE: _____

SYSTEM ADMIN USE ONLY

Role allocated/mod/terminated: _____ Actioned by: _____ Date: _____

User notified by email: