

**CF6A**  
**CAREFIRST USER ID REQUEST FORM**  
**New Login & Training Request**

**This Form is for New Users ONLY**

**Please note that Training CANNOT be given if the User does not have IT Access & a Laptop**

<b>Name of Employee:</b>		<b>Designation:</b> (e.g. Social Worker / Team Manager)	
<b>Please State Whether the Employee is:</b>		Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/> Agency <input type="checkbox"/>
<b>Service Employee Works For:</b>		Social Work <input type="checkbox"/>	Shared Services <input type="checkbox"/> Health <input type="checkbox"/>
		Other (please state) <input type="checkbox"/>	
<b>Location/Address:</b> (e.g. KHCC, Southbank)			
<b>MAIN TEAM Employee Will Work For:</b> (e.g. Older People, Child Care Duty, Shared Services)			
<b>Employee Start Date?</b> (Date Employee Commences Work)			
<b>Will Employee be Issued with a Laptop?</b> (If NO – Please contact the Carefirst Team)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If Yes – Date Employee will receive Laptop?</b> (If Unknown, give an estimated date based on discussion with ICT)			
<p><b><u>Level of Access Required:</u></b> Please fully detail below what you want the User to be able to do on Carefirst including additional functionality such CP, LAC and any of the individual Finance Modules etc. Remember to include Team Manager access including the different Team desktops etc., if this is applicable.</p> <p style="color: red;">If you are unsure, phone the Carefirst Team for assistance before completing this form:</p>			
<b>Requested by:</b>			<b>Date:</b>
<b>Designation:</b>			

**Once the form has been completed, please EMAIL to either one of the following for AUTHORISATION:**

- The Head of Children's Services and Criminal Justice
- The Head of Community Health and Care Service
- The Head of Adult Services
- The Chief Social Work Officer
- Depute Chief Social Work Officer (in the absence of the above)

<b>Authorised By:</b>		<b>Date:</b>	
<b>Designation:</b>			

**Following Authorisation please EMAIL form to: The Carefirst Team Mailbox**

<b>Task Completed By:</b>		<b>Date:</b>	
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