

CF6C
CAREFIRST USER ID REQUEST FORM
Change to Access or Existing Details

**** This form is to be used when an Employee changes JOB/TEAM and may also require Change of Access ****

**** For a Change of Name, Please just EMAIL the Carefirst Team with the Details ****

Name of Employee:		Carefirst Personal ID:	
PREVIOUS Designation: (e.g. Social Worker/Team Manager)		NEW Designation: (If different from Previous Designation)	
PREVIOUS Main Team Employee Works For: (e.g. QCA3=Older People, CFAR=Child Care Duty)		NEW Main Team Employee Works For: (If different from Previous Main Team)	
Location/Address (e.g. KHCC / Southbank) (if different from previous Location/Address):			
Record of Changes to be Made & Reason for the Changes (e.g. Transfer of Team / Location / Change of Job Title or No longer Requires Access to Carefirst) Please fully detail below what the reasons and changes are including any additional functionality such as CP, LAC, individual Finance Modules etc. If you are unsure, phone the Carefirst Team for assistance before completing this form:			
Date Change to Take Effect: (Actual date - NOT ASAP)			
Is Training Required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does Employee Have a Laptop? (If NO – Contact the Carefirst Team)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Requested by:		Date:	
Designation:			

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)

Authorised By:		Date:	
Designation:			

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

Task Completed By:		Date:	
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