

# Access Authorisation form

Access to specified StateCover Online Applications is requested for the following employee:

| User Details |                      |
|--------------|----------------------|
| User Name    | <input type="text"/> |
| Council Name | <input type="text"/> |
| Position     | <input type="text"/> |
| Email        | <input type="text"/> |
| Phone number | <input type="text"/> |

Please provide access to the following applications (accessible via the StateCover website):

| System Access - Tick the applications that apply |   |
|--|---|
| Member Resources                                 | <b>*Please note that access to these applications gives the user visibility of Council's individual claim details</b> |
| Council Specific Reports**                       |   |
| Online Notification System*                      | <b>** Please note that access to these applications gives the user visibility to Councils financial information</b>   |
| <b>Select only one of the below</b>              |   |
| SMART Unidentifiable data **                     |   |
| SMART Identifiable data*                         |   |

StateCover makes every effort to ensure the privacy of Members' data and to protect the intellectual property of materials developed for its Members.

For this reason, we ask that in signing this Access Authorisation form, **Council acknowledges** the following conditions:

- Information and materials provided by StateCover through the above applications (including WHS and claims management resource materials, claims and financial data, and reports) are to be used by the designated Member Council only and not shared, directly or indirectly, with other parties without written consent from StateCover; and
- Users who receive a login and password must not share their login or password with anyone.

I agree to the above terms and confirm that the above-named employee is to have access to StateCover Online Applications, as specified above.

| Authorisation                             |                      |
|---|----------------------|
| Name and position of authorised signatory | Date:                |
| <input type="text"/>                      | <input type="text"/> |
| Signature                                 |                      |
| <input type="text"/>                      |                      |

Please return the signed form to [MemberServices@StateCover.net.au](mailto:MemberServices@StateCover.net.au).