



SCOUTS VICTORIA

EXTRANET ACCESS REQUEST

FORM EX1

This form is to be used by all members, other than those for whom role based access*
 Is automatically granted, seeking access to membership data held in Extranet.
 The form must be completed in full, signed, and endorsed by the next level Commissioner.

● User Details

Given Name:	Surname:
Email:	
Registration Number:	Role:
Extranet User Name:	

● Access Requested

New User:	Existing User:	Access Type - View Only:	View & Edit:
Duration Requested:	For Time In Role:		
	For Limited Period - Start:	End:	
Level Of Access <i>(Please print the name of the highest level of formation requested)</i>			
Group:	District:	Region:	State:
Reason For Access:			

● Inactivate Existing User

Requested By (Name):	Role:
Reason For Cancellation:	

**Role based access is granted to Group Leaders/Assistant Group Leaders, District Leaders and all Commissioner roles*

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Declaration

- I acknowledge Extranet access and passwords are provided to me as an individual member. User name and passwords will not be disclosed or shared with other people
- I will adhere to the Scouts Victoria Privacy Policy. I acknowledge information stored on Extranet is subject to the provisions of the Privacy Act
- I acknowledge actions prejudicial to security may result in access being suspended or cease without notice
- I am responsible for ensuring the maintenance of hardware and software under my ownership and ensuring it does not prejudice the integrity of Extranet
- I agree that at all times I will maintain current internet security software and only access Extranet on secured devices and not publically accessible or shared workstations

Applicant Acknowledgment	
Given Names:	Surname:
By signing this form I acknowledge that I have read and agreed to the above Declaration Please tick:	
Signature:	Date:

Next Level Commissioner Endorsement	
Given Names:	Surname:
The applicant has a current WWCC	The applicant has a recent (<i>within 5 years</i>) National Police Check
Signature:	Date:

Executive Manager Authorisation	
Given Names:	Surname:
Signature:	Date:

Office Use Only		
Extranet User Name:		
Access Granted:	Access Denied:	Member Advised:
This form uploaded to member record:		Review date diarised for: