



**Support Centre - IT Services Group
 IT SYSTEMS ACCESS/CHANGE AUTHORISATION**

1. USER TO COMPLETE

Please complete all mandatory fields *

Voyage/Flight No*		Manager at AAD will complete if unknown
Destination *		i.e. Casey, Davis, Mawson, Macquarie Is, or ship
Travelling as *		Round-trip, winterer, summer, marine science
Title *		
Given Name *		
Surname *		
Preferred Name		e.g. known as Chris, not Christopher
Date of Birth *		
Contact phone *		Required for advising you of your password
If external to the Division:		
Your Organisation:		
Postal Address:		
Email address:		

User Declaration:

- A. I have read the following AAD's documents in the 2011 edition of the Expeditioner Handbook and acknowledge that I am bound by them:**
- Administrative Instruction 96 – *The Internet: Legal Issues*
 - Administrative Instruction 100 – *Appropriate Use of the AAD Network and Internet Connection*
 - Administration Instruction 101 – *Standard Operating Environment (SOE)*
 - Administration Instruction 108 – *Email Policy*
 - Administration Instruction 109 – *Information Technology Security Policy*
 - Administration Instruction 112 – *Procedures for Managing -email and other records*
- B. I acknowledge that non-compliance with the above Instructions may result in access to AAD IT infrastructure and network being withdrawn without notice.**
- C. I acknowledge that I require the approval of an authorised AAD supervisor to use my personal computing equipment at the AAD or to connect it directly to the AAD's network. I authorise IT Services staff, at any time, on my computer or device under my control or ownership, to:**
- install or remove software, or remove the equipment from the AAD network as they require,
 - for the purposes of security and protection of the AAD's network, systems and other infrastructure;
 - freely inspect its content; and
 - remove any unauthorised or unlicensed software, or information that is the property of the AAD

I understand that failure to abide by these conditions may result in the immediate termination of any rights to locate such equipment on AAD premises or to connect into the AAD network.

Users Signature: Date:

2. AAD MANAGER MUST COMPLETE

Expiry Date		Required if user is guest, visitor, VIP or temporary engagement
Manager's Name *		Voyage Leader if manager not known
Branch/Section		For AAD Expeditioners and employees

AAD Manager's Signature: Date:

3. COMPLETE, SIGN & FAX/SEND TO IT SERVICES HELPDESK 03 62323288 - for advice call 61-3-6232 3488

	<i>Name (please print)</i>	<i>Signature</i>	<i>Date</i>
<i>Completed/Denied/Cancelled/Other</i>			
<i>Requestor, User advised</i>			

