

# APPLICATION FOR ACCESS TO AUSCARE

To apply for Auscare, please complete this form and return it to [pathologyadmin@easternhealth.org.au](mailto:pathologyadmin@easternhealth.org.au) or

**Box Hill Hospital:** Level 4, Box Hill Hospital - Building B, 8 Arnold St, Box Hill  
**Maroondah Hospital:** Level 3, Davey Drive, East Ringwood 3135  
**Angliss Hospital:** Level 2, Albert St, Upper Ferntree Gully 3156

Should you have any queries in relation to this form, please contact the Eastern Health Pathology on **9895 4958** or by email to [pathologyadmin@easternhealth.org.au](mailto:pathologyadmin@easternhealth.org.au).

## Section 1: Personal Information

<b>Name</b>			
(given name)		(surname)	
<b>Department</b>		<b>Role</b>	
<b>Contact Number</b>	<b>Employee Number</b>	<b>IT Username</b>	
<b>Employment Type</b> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Volunteer <input type="checkbox"/> Fixed Term/Contractor <input type="checkbox"/> Contract end date: _____			
<b>Site/s worked</b> <input type="checkbox"/> AH <input type="checkbox"/> BHH <input type="checkbox"/> PJC <input type="checkbox"/> MH <input type="checkbox"/> WH <input type="checkbox"/> Other _____			
<b>Manager Name :</b>		<b>Manager Number :</b>	

## Section 2: Terms & Conditions, Employee Acknowledgement

I hereby apply for **Auscare** access and agree that in consideration of Eastern Health providing me with the access, the following terms and conditions shall apply:

1. I agree to preserve the quality and integrity of the information I access to protect the privacy and confidentiality of any patient results and information obtained.
2. I will not share my account credentials or give others access to my account.
3. I will use all reasonable care to protect the confidentiality of my password, including but not limited to writing passwords down or sharing them with another user.
4. Eastern Health Pathology reserves the right to revoke the access at any time without prior notification to the employee concerned
5. Eastern Health reserves the right to amend the above terms and conditions from time to time.

### ACKNOWLEDGEMENT

I acknowledge that I have read, understood and agree to be bound by the above terms and conditions.

<b>Applicant Signature</b>	<b>Date</b>
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### Office Use Only

<b>Date Request Received:</b>	<b>Auscare user configured by:</b>
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