



Application for Territory Kidney Care (TKC) Access

Non-Government Health Services

DEPARTMENT OF HEALTH

PLEASE NOTE: This application is for external access to the Territory Kidney Care (TKC) System ONLY, access to other NTG Clinical Systems is NOT covered in this application.

PLEASE PRINT DETAILS CLEARLY

Full professional name **MUST** be provided exactly as per AHPRA Registration for ALL registered clinicians

APPLICANT	Last Name		First Name		Preferred Name		
	Phone: Work		Phone: Mobile				
	Email: Work		Email: Personal <i>(optional)</i>				
	Current Health Service	<input type="checkbox"/> Ampilatwatja	<input type="checkbox"/> Anyinginyi	<input type="checkbox"/> CONGRESS	<input type="checkbox"/> Danila Dilba	<input type="checkbox"/> KWHB	
		<input type="checkbox"/> Laynhapuy	<input type="checkbox"/> Malal'a	<input type="checkbox"/> Marthakal	<input type="checkbox"/> Miwatj	<input type="checkbox"/> Pintupi	
		<input type="checkbox"/> Purple House	<input type="checkbox"/> Red Lily	<input type="checkbox"/> Sunrise	<input type="checkbox"/> Urapuntja	<input type="checkbox"/> Wurli	
		<input type="checkbox"/> Pandanus	<input type="checkbox"/> Top End Medical Centre		<input type="checkbox"/> Others		
	If you have past / current access to NTG computer systems, provide your ePASS/LAN User ID: <i>Note: All NTG computer system Users require an ePASS/LAN User ID</i>					<input type="checkbox"/> No existing NTG LAN ID	
	Select the designation to be displayed in Territory Kidney Care:						
	<input type="checkbox"/> Aboriginal Health Practitioner	<input type="checkbox"/> Consultant	<input type="checkbox"/> General Practitioner		If your designation has a speciality, Please specify speciality:		
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registrar	<input type="checkbox"/> Allied Health Practitioner					
<i>Note: Users will require External Access to the NTG LAN via the AccessNTG portal to access TKC</i>							
Anticipated dates of access: <i>Note: Must not exceed current contract dates</i>		From	/ /	To	/ /		
APPLICANT DECLARATION							
I understand that:							
<ul style="list-style-type: none"> - I am required to comply with the provisions of the Information Act and DoH Privacy Policy for handling personal information when I access TKC. - My use of the TKC is only for direct patient care on behalf of the employing Health Service or other specifically approved purposes. - My access to TKC is logged and that activities using my NTG User ID may be audited. 							
Signature		Date	/	/			
AUTHORISATION BY APPLICANT'S SUPERVISOR (ACCHS Health Service)							
I authorise the applicant to access TKC as indicated above.							
Name		Date	/	/			
Designation		Health Service Name					
Signature		Phone					
FINAL APPROVAL (AS PER NGO Cost Code DELEGATIONS)							
Name		Designation					
Signature		Date	/	/			
PLEASE E-MAIL COMPLETED FORM TO: Renal.CSU@nt.gov.au							
<i>Allow three (3) working days for processing</i>							

For information regarding this application please phone TKC Informatics CNC – 0475042012