**DFV Connect User Access Form**

***Details of the person submitting the request and granting approval:***

|  |  |
| --- | --- |
| First Name | Click or tap here to enter text. |
| Last Name | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Role** | **Funding Program** | **Service Area** |
| Choose an item. | Choose an item. | Choose an item. |

***Details of the worker, the request is for:***

|  |  |
| --- | --- |
| Worker’s First Name | Click or tap here to enter text. |
| Worker’s Last Name | Click or tap here to enter text. |
| Worker’s Email address | Click or tap here to enter text. |
| Is this email address used by another worker? | Choose an item. |
| If yes, preferred username: | Click or tap here to enter text. |
| Worker’s Contact Number | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Worker’s Service Area | Choose an item. | Service Location | Choose an item. |
| Worker’s role | Choose an item. | Employment type | Choose an item. |
| Start date (if applicable) | Click or tap to enter a date. | End date (if applicable) | Click or tap to enter a date. |

***Details of the request:***

|  |  |
| --- | --- |
| What is the request about? | Choose an item. |

The reason for the different request or additional comments:

Click or tap here to enter text.

***User Agreement***

[ ]  I certify that the new worker has read and agreed to the DFV Connect Confidentiality Agreement (if applicable)

**Please return this form and a copy of the User Agreement to *wdvcap@legalaid.nsw.gov.au***