Access Authorisation Form

Access to specified StateCover online applications is requested for the following employee:

User Details

Name

Council Name

Position

Email

Phone number

Access is requested for the following applications (tick all that apply):

StateCover Website	Injury Lodgement	SMART
Request this if you need access StateCover's tools and resources.	Request this if you need access to report injuries to StateCover. *	Request this if you need access to Council's claims reporting data. ***Select only one of the below***
Member Resources ☐	☐	SMART Unidentifiable data ** ☐
Wellbeing with StateCover ☐		SMART Identifiable data* ☐

** Please note that access to these applications gives the user visibility to Councils financial information

*Please note that access to these applications gives the user visibility of Council's individual claim details

StateCover makes every effort to ensure the privacy of Members' data and to protect the intellectual property of materials developed for its Members.

For this reason, we ask that in signing this Access Authorisation form, **Council acknowledges** the following conditions:

- Information and materials provided by StateCover through the above applications (including WHS and claims management resource materials, claims and financial data, and reports) are to be used by the designated Member Council only and not shared, directly or indirectly, with other parties without written consent from StateCover; and

- Users who receive a login and password must not share their login or password with anyone.

User	Authoriser
I agree to the above terms and confirm that the above-named employee is to have access to StateCover Online Applications, as specified above.	I confirm that I am authorised to approve access to the information that is available within the specified applications for the nominated user.
Name	Name
Position	Position
Signature	Signature

Please return the signed form to memberservices@statecover.net.au