

FAMILY SUPPORT NETWORK

Lead Agency

Individual Request for Access to FuSioN

Lead Agency Requesting: **MercyCare** ☐ / **Parkerville Children and Youth Care** ☐
Communicare ☐ / **Wungening Aboriginal Corporation** ☐

Lead Agency Corridor: _____

Staff Details

Surname: _____ First Name: _____

Position: _____ Telephone: _____

Email: _____

Type of Request and Period

Type of Request: **New** ☐ **Alteration** ☐ **Deletion** ☐

Type of Access: **Intensive Case Management** ☐ / **Assessment and Coordination** ☐

Is this a Permanent Position: Yes ☐ / No ☐

Is this a Temporary Position: Yes ☐ / No ☐ If yes, please provide end date ____/____/____

Additional Comments: _____

Certification and Acknowledgement

I agree to record and share all relevant information in accordance with the guide on information sharing for government and non-government agencies outlined in the "[Working Together for a better future for at risk children and families guide](#)" document located on the [Family Support Network](#) website.

Staff Signature: _____ Date: ____/____/____

Alliance Manager Approval

I approve the above staff member's access and understand the user account will be inactive until Line of Business Applications Support receives confirmation in writing that FuSioN training has been completed by the user. I agree to notify Department of Communities, Line of Business Applications Support when access to FuSioN by this staff member is no longer required.

Alliance Manager: _____

Phone: _____ Email: _____

Signature: _____ Date: ____/____/____

This document is to be forwarded to the Department of Communities,
ClientApplicationsSupport@communities.wa.gov.au by the FSN Alliance Manager.

PLEASE NOTE: New accounts will be created but locked pending confirmation FuSioN training has been completed.