FAMILY SUPPORT NETWORK
Partner 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 ☐**

Is this a Permanent Position: Yes ☐ / No ☐

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

Additional Comments: _____

_____

Partner Agency Certification and Acknowledgement

I agree to record and share all relevant information in accordance with the FSN MOU and guide to 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. I agree to notify the Alliance Manager when access to FuSioN by this staff member is no longer required.

Staff Signature: _____ Date: _____/_____/_____

Manager Signature: _____ Date: _____/_____/_____

Please forward this form to Alliance Manager for approval:

I approve the above staff member's access and confirm an FSN MOU is in place to support use of FuSioN. I 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 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.