



## A) Applicant Location Details

School Name		School Code		Main Phone Number:	
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## B) Applicant Personal Details

First Name		Gender	
Family Name		Date of Birth	
Preferred First Name (Optional)		Mobile Phone No:	
Home Address		Postcode	

**Please note – you must provide a valid personal email address to be used to send you account details and activation instructions.**

Non DEC Email Address	
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By submitting personal information, the Applicant agrees to the use of that information for the purpose of generating a unique Account and matching records within DEC's Identity Management System. This information will be used by DEC only for this purpose and will be stored securely. Provision of this information is voluntary. However, without this information, access to the required services cannot be provided to the Applicant.

I have read, understood and agree to adhere to <i>Use by Staff of Employer Communications Devices</i> policy.	Applicant's Signature ►		Date	
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## C) Account Requirements

What are you using this form for? (Tick (a) or (b)) ►:	<input type="checkbox"/> (a) Create new Account	<input type="checkbox"/> (b) Renew existing Account
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If **RENEWING** an Account, identify the DET User ID **OR** DOIS User number ►:

Note – Please check with Practice Teachers if they have already had a DOIS account created during a previous Practice Appointment at another School. If they do, please select option (b) Renew existing account even if they can not remember their account details.

**REQUESTING CREATION** of a new Non-DoE Guest Account? Identify the role the Applicant will be filling (CHOOSE ONE FROM (1) to (7)):

(1)	Non-DEC Student	If Non-DEC Student, identify: ►	Scholastic Year	
			Roll Class	
(2)	Non-DEC Contractor	If Non-DEC Contractor, identify: ►	Contractor's Company Name:	
			Contractor Company's ABN:	
(3)	DET Guest Browse (Internet Access only)	<b>Specify reason for account being created Important - ►</b> This field must be completed for all roles (ie 1 to 7) or form will not be processed.		
(4)	DET Guest (Network & Internet Access)			
(5)	DEC Guest Lecturer			
(6)	Work Experience			
(7)	Practice Teacher			

Note – DOIS Accounts can be activated for periods of no more than 12 months, but can be extended by completing a renewal request.

Account Start Date (DD/MM/YYYY) ►	
Account End Date (DD/MM/YYYY) ►	

## D) Authorisation (Required by Audit)

To be completed by School Principal. When completed, this form must be sent via the Principal email to [liteportal@det.nsw.edu.au](mailto:liteportal@det.nsw.edu.au). (Please Tick) ▼

►	I have ensured the Applicant has access to the <i>Use By Staff Of Employer Communication Devices</i> policy.	
►	I confirm the <i>Working with Children Check</i> procedures have been completed with regards to the Applicant.	
►	I authorise the creation / renewal of the above-listed Non-DEC Account.	
►	I confirm the Applicant does not appear on the DoE payroll.	

Name ►		Sign ►
DoE Serial Number ►		
DoE Email Address ►		