



# **Centralised Register User Access Form**

Complete the following information to request the addition of a **new** or **removal** of an existing user access to the Mobile Food Vendor Centralised Register (the Register).

Once access has been granted, each new user will receive an email from the Administrator of the Register.

#### Please note:

- Ensure that you are a 'participating Local Government' (signatory to the Register's MOU)
- Local Governments can have multiple users. Users can apply on an individual basis or on behalf of multiple users (preferred).
- Local Governments that apply for multiple users (employees) for access should list all names and associated email addresses. This will allow the user to be set up with an individual username (work email address) and for each user to set their own password.
- Access to the Register cannot be granted with the use of a generic (multi-user) email address such as info@..., and must be government-based (wa.gov.au). eho@... will be permitted, as long as this is assigned to an individual person.
- Users must set up and continue to use the Two-Factor Authentication (2FA) security function. Any user who has disabled 2FA will be deleted.
- Usernames from private email service providers such as Hotmail and Gmail will not be granted access.
- Requestors of multiple accounts must be made by the Coordinating Officer (Manager) for Environmental Health at the
  participating local government.

## A. Access request type

User type:

Please select one option: New user Remove user

**User request:** 

Please select one option: Single Multiple

#### **B.** User details

Each user will need to register on the website and set their own password

WEBSITE REGISTRATION

Full name

Local Government

Position(s)

Preferred telephone contact number

**Email address** 

**User type:** 

Please select one option: Authorised officer Support staff

### C. Additional user details

Full name Local Government Preferred telephone contact number Email address Please select one option: Food Act 2008 Authorised officer Support staff Full name Local Government Preferred telephone contact number Email address Please select one option: Food Act 2008 Authorised officer Support staff Full name Local Government Preferred telephone contact number Email address Please select one option: Food Act 2008 Authorised officer Support staff If you have more than 4 users, please fill out another form and email it to AdminFoodVendor@health.wa.gov.au D. Declarations and signature I agree that the access requested, will be solely used for the purpose of activities in connection with administering Food Act 2008. I agree not to share my password to others or to leave my computer unattended while logged in. I agree to advise the Environmental Health Directorate immediately if I or staff no longer need access to the Register. I agree to advise the Environmental Health Directorate immediately if I am due to vacate/leave my role as an Environmental Health Officer/Authorised Officer prior to my date of cessation of employment. Ι, , declare that I am the person named in this application and that to the best of my knowledge the statements herein contained are true in substance and in fact declare that all information currently provided is accurate at the time of application. Digital signature Date (DD/MM/YYYY)

or print, sign, scan and email to AdminFoodVendor@health.wa.gov.au.