

Non-DET Guest Account Application Form

(For Web Browsing and Portal Access)

NEW SOUTH WALES
DEPARTMENT
OF EDUCATION
AND TRAINING



A) Applicant Location Details

Identify the Applicant's location (please tick) ▶:	School <input type="checkbox"/>	TAFE: <input type="checkbox"/>	School / Campus Code:
School / College Name:	Main Phone Number:		

B) Applicant's Personal Details

First Name	Gender:
Family Name	Date of Birth:
Preferred First Name (Optional)	Mobile Phone No. :
Home Address	Post Code:
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 DET's Identity Management System. This information will be used by DET 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 the Applicant.	
I have read, understand and agree to adhere to Use by Staff of Employer Communications Devices policy.	Applicant's Signature ▶ Date

C) Account Requirements

What are you using this form for? (Tick (a) or (b)) ▶:	(a) Create new Account <input type="checkbox"/>	(b) Renew existing Account <input type="checkbox"/>
RENEWING an existing Non-DET Guest Account, identify either the Applicant's DET Account OR their DOIS User number ▶:		
REQUESTING CREATION of a new Non-DET Guest Account? Identify the role the Applicant will be filling (CHOOSE ONE FROM (1) to (6)):		
(1) Non-DET Student <input type="checkbox"/>	If Non-DET Student, identify: ▶	Scholastic Year
		Roll Class
(2) Non-DET Contractor <input type="checkbox"/>	If Non-DET Contractor, identify: ▶	Contractor's Company Name:
		Contractor Company's ABN:
(3) Guest <input type="checkbox"/>	Specify reason for Account being created.	
(4) Work Experience <input type="checkbox"/>		
(5) Guest Lecturer <input type="checkbox"/>		
(6) Practice Teacher <input type="checkbox"/>		
Account Commencement Date (DD/MM/YY) ▶:		Account Expiry Date (DD/MM/YY) ▶:

D) Authorisation Section (Required by Audit)

<ul style="list-style-type: none"> Who completes this section?: FOR SCHOOLS = The Principal. / FOR TAFE = The Site Manager. When completed, this form must be sent via (FOR SCHOOLS) the Principal or (FOR TAFE) the Site Manager's email to liteportal@det.nsw.edu.au. The completed form must then be printed, signed and stored for auditing purposes. (Please Tick) ▼ 	
▶ I have ensured the Applicant has access to the Use By Staff Of Employer Communication Devices policy. <input type="checkbox"/>	
▶ I confirm the Working with Children Check procedures have been completed with regards to the Applicant. <input type="checkbox"/>	
▶ I authorise the creation / renewal of the above-listed Non-DET Account. <input type="checkbox"/>	
▶ I confirm the Applicant does not appear on the DET payroll. <input type="checkbox"/>	
Name ▶	Sign ▶
DET Employment No. ▶	
DET Email Address ▶	

TD ONLY:	DOIS User No.:	Completed by:	Date:
			DET-guest-internet-account.doc