Network	Guest	Account	Request	for	Schools

(For Non-DEC Students/Employees and Practice Teachers in Schools)



A) A	pplicant Lo	ocation	Details													
School											Phone					
Name										Code		Numb	er:			
B) Applicant Personal Details																
First Name									Gender							
Family	Name												Date of Birth			
Preferr (Option	ed First Name nal)	First Name Mobile Phone No:									e 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																
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 Use by Staff of Employer Communications Devices policy.				Applicant's Signature ►						Date						
							1					I				
	ccount Req															
What a	ire you using t	his form t	for? (Tick (a) or (b))	►:	(a) Crea	te new Ac	count			(b) Renew	v existin	ng Account			
If REN	EWING an Ac	count, id	entify the DE	ET User	ID OR DO	DIS User r	number 🕨	:								
	Please check											tice App	ointment	at anot	ner Scl	hool.
	do, please sel ESTING CRE	•	. ,		·		•							to (7)):		
							-		••					(7)).		
(1)	(1) Non-DEC Studen	udent				If Non-DEC Student, identify: ►		Scholastic Year Roll Class								
					If Non-DEC Contrac			Contractor's Company Name:								
(2)	Non-DEC Co	ontractor	r		identify:		acioi,	Contractor Company's ABN:								
(3)	DET Guest E (Internet Acc		y)	Х		reason fo being cr				<u> </u>						
(4)	DET Guest (Network &	nternet /	Access)		This field complete	d must be ed for all r	oles (ie									
(5)	DEC Guest I	Lecturer			processe	r form will ed.	i not de									
(6)	Work Experi	ience														
(7)	Practice Tea	icher														
Note – DOIS Accounts can be activated for peri months, but can be extended by completing a r					Account Start Date (DD/MM/YYYY)►				(YY)►							
					Account End Date (DD/MM/YYYY) ►				YY) 🕨							
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 . (Please Tick) ▼																
I have ensured the Applicant has access to the Use By Staff Of Employer Communication Devices policy.																
 I confirm the Working with Children Check 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.																

DoE Serial Number ►

►

Name

Education

Sign 🕨