



User Authorisation Application Form Electronic DR Tuberculosis Register (EDRWeb)

User Registration

Details

Activation

Deactivation

- 1. Title: _____
- 2. First Name(s): _____ 3. Surname: _____
- 4. Identity Number: _____
- 5. Government Department: _____ 6. Position: _____
- 7. Persal Number: _____
- 8. Email Address: _____
- 9. Telephone Number: _____ 10. Fax Number: _____
- 11. Preferred login username: _____
- 12. Motivation for access: _____

- 13. Province: _____
- 14. DR-TB Unit/s (please list): _____
- 15. User Role (select 1 type per form) :

National Administrator	Provincial Administrator	Area Manager	MDR Unit User
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Acceptance & Authorization:

The requestor hereby agrees to honour the confidentiality of the electronic DR-TB data, and not to disclose authentication credentials (password). The requestor further agrees not to use the data other than the intended purpose of recording and reporting according to the National DR-TB Guidelines.

Requestor (EDRweb user):

Full Names

Signature

Date

Authorisation by Provincial Department of Health:

Full Names

Signature

Date

Authorisation by National Department of Health:

Full Names

Signature

Date

For NDOH Office Use:

Registered By: _____

Date Registered: _____