

Government eCAF System Access Request form

Please email completed form to <u>VETStudentLoans@education.gov.au</u> (VET providers) or <u>HEenquiries@education.gov.au</u> (higher education providers)

Client details (Please print clearly)		,
Given name:	Surname:	
Phone no:	Your work email add	dress:
HITS Provider code (if known, e.g. 7123):	Legal Entity Name o	f Approved Provider:
Role/Position Title:		
Roles and description □ eCAF Provider Read Only – view enrolment	records and submitted eCAFs (via the eCAF web	osite)
\square eCAF Provider access – create and edit enrolment records, view submitted eCAFs (via the eCAF website)		
☐ Training site access — create and edit enrolment records, view submitted eCAFs (via the eCAF training website and API)		
Terms and C	Conditions for access to department	data systems
Privacy Obligations		
	provides penalties for officers who use information de the course of their official employment. The r	
	required by law, or if it is not for a permitted pur	closes personal information in their employment pose, or if the officer causes any unauthorised
Personal information must be properly handled <u>1988 (Privacy Act)</u> .	d in accordance with relevant privacy requireme	nts under HESA, the VSL Act and the <u>Privacy Act</u>
Individual credentials are issued to enable acceenvironments.	ess to department system environments. Users a	are required to securely manage access to these
Each officer is accountable for all actions unde	rtaken using their logon IDs / passwords.	
If the user, or any third-party for which the use the department may, at its sole discretion, with	er is responsible, breaches any part of the terms hdraw or restrict system access.	for the issuing of production credentials, then
Certification		
I certify that:		
☐ I must comply with the Australian Privacy Principles in the Privacy Act and ensure suitable security arrangements exist for all records containing personal information.		
\Box I must comply with the requirements in HES	SA and the VSL Act in respect to the managemen	t of personal information.
\square I am responsible for ensuring my access is terminated within 24 hours when my work commitments no longer require this access.		
\square I am listed as a Contact in the HITS Contact List $\underline{\mathbf{OR}}$		
$\hfill\Box$ If 3rd party SMS provider, I have provided w	vritten approval from the relevant Approved Pro	vider.
(Please attach written approval with this si	igned request form)	
Applicant Declaration	Institution Authorisation	Departmental use only
I have read and agree to the Terms	Manager/Supervisor:	Manager:
and Conditions for access to the Government eCAF system.	Phone no:	
Applicant's signature:	Manager/Supervisor's signature:	Signature:
Applicant 3 signature.		
X	X	X
Date:	Date:	Date:
Date:	Date.	Date.