



Application for access to the SAPS – Self Insurance Management System (SIMS)

Section A – User Details

WARNING Incomplete or incorrect information will result in your application being delayed. To avoid delays in processing please fill in ALL information. If you are unsure of any details, please contact the SIMS Help Desk on **8226 4170** for advice.

Last Name		First Name	Agency Site
Phone	E-mail address for Notification		User ID – Not for new users

Section B – User Requirements (please tick)

Employment Type <input type="checkbox"/> Ongoing <input type="checkbox"/> Temporary <input type="checkbox"/> Contract	Date to expire on: (dd/mm/yyyy)	<input type="checkbox"/> New User <input type="checkbox"/> Amend User <input type="checkbox"/> Resume User <input type="checkbox"/> Reset Password		
		<input type="checkbox"/> Remove User <input type="checkbox"/> Authority Limit Change:	From: (dd/mm/yyyy)	To: (dd/mm/yyyy)
		SIMS Authority Limit	\$	

Section C – Application Requirements (please tick)

Site Supervisor
 Case Manager
 Rehab Coordinator
 Claims Officer
 View Access Only

SIMS Reporting
 Operational Standard Reports
 Performance Statistical Reports

Section D – Level of SIMS Access Required (please indicate organisational code)

Portfolio Code	Agency Code	Regional Code	Divisional Code	Cost Centre Code
Example PJ	54			

Section E – User Signature

I declare that no one will use the Username resulting from this application other than myself and that the password for this Username will not be revealed to any other person other than staff of SIMS Help Desk in the course of their support requirements. I understand that damage or misuse of SIMS data accessed via the Username (including passing information on to unauthorised people) may result in misconduct proceedings.

User Signature: **Date:** (dd/mm/yyyy)

Section F – Executive or Authorised Delegate Signature

To be approved by Executive, (or Authorised delegate) with responsibility for workers compensation and occupational health and safety. SIMS Site supervisor's responsibility to advise SIMS Help Desk, of any change in the applicant's position (including termination) which affects the appropriateness of the Username and access privileges granted.

Executive Signature: (or Delegate) **Date:** (dd/mm/yyyy)

FAX to SIMS Help Desk (08) 8226 2730	PSWW - Processed by: <input type="text"/>	Date: <input type="text"/> (dd/mm/yyyy)
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