



Provider Information Request access to HEIMS Online and HEPCAT

Please fax or email completed form to:

Fax: (02) 6123 7899 Email: HEIMS.datacollections@education.gov.au

Request to: Create new user account Delete user account Amend user access

Client details

Given name: _____ Surname: _____
Phone no: _____ Email address: _____
Provider code (if known): _____ Organisation: _____

Roles and description

HEPCAT – Student data reporting tool

- Submission – Create, validate and submit data using HEPCAT.
- Processing – Create and validate data using HEPCAT. (**Note:** a processing officer cannot submit data)

Verification – Confirm the accuracy of previously reported data

- Verification – View and verify previously reported data using HEIMS Online.
 - Verification Sign off – Officer authorised to sign off Verification Reports for institution.
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Applicant Declaration

I have read and agree to the Terms and Conditions for access to department systems.

Applicant's signature:

✕

Date:

Institution Authorisation

Manager/Supervisor:

Phone no:

Manager/Supervisor's signature:

✕

Date:

Terms and Conditions for access to department systems

Privacy Obligations

Individual credentials are issued to enable access to department system environments as specified on this form. Users are required to securely manage access to these environments.

Personal information must be properly handled in accordance with relevant privacy requirements under HESA and the [Privacy Act 1988 \(Privacy Act\)](#).

Each officer is accountable for all actions undertaken using their logon IDs / passwords.

If the user, or any third-party for which the user is responsible, breaches any part of the terms for the issuing of production credentials, then the department may, at its sole discretion, withdraw or restrict system access.

Certification

I certify that:

- I must comply with the Australian Privacy Principles in the [Privacy Act 1988](#) and ensure suitable security arrangements exist for all records containing personal information.
- I am responsible for ensuring my access is terminated within 30 days when my work commitments no longer require this access.
- As an intended user of HEIMS and HEPCAT applications, I certify that I have read and agree to these terms and conditions for access to the department data systems.

Applicant's signature:

✕

Date:

Departmental use only

Manager:

Signature:

✕

Date: