|  |
| --- |
| **Please complete and return the form to:**Photonet Network OfficeRoom 1017, Kings Cross Hospital, Clepington Road, Dundee, DD3 8EA**Or scan and email to: nss.photonet@nhs.scot** |
| **TITLE***(please print)* | **FIRST NAME***(please print)* | **SURNAME***(please print)* |
|  |  |  |
| **ORGANISATION***(please tick appropriate box)* | NHS Ayrshire & Arran | □ |
| NHS Borders | □ |
| NHS Dumfries & Galloway | □ |
| NHS Fife | □ |
| NHS Forth Valley | □ |
| NHS Grampian | □ |
| NHS GGC | □ |
| NHS Highland | □ |
| NHS Lanarkshire | □ |
| NHS Lothian | □ |
| NHS Orkney | □ |
| NHS Tayside | □ |
| NHS Shetland | □ |
| NHS Western Isles | □ |
| Job title |  |
| Email address |  |
| Department name/base/location |  |
| Work contact tel. number |  |
| **User signature:** |  |
| **Date:** |  |
|  |
| ***To be completed by Head of Department/line manager:*** |
| I authorise the above applicant to have access to **Photosys** (Phototherapy & Photochemotherapy patient database) and **Photonet Dashboard** |
| Signature: |  |
| Name *(please print)* |  |
| Date: |  |
| Designation: |  |
|  |
|  |  |
| ***TO BE COMPLETED BY IMS TEAM ONLY***  |
| LDAP Username assigned: |  |
| Date: |  |
| ***IMS Team:*** *please return the form back to the Network Office* |