**Introduction**

This form is for DAA and Te Whatu Ora staff members to request a user ID for accessing the Provider Regulation and Monitoring System (PRMS).

If you have any questions, please contact the Ministry on 0800 113 813.

Please return this form to HealthCERT:

* by email to certification@health.govt.nz
* by post to HealthCERT, Ministry of Health, PO Box 5013, Wellington 6145

**Type of organisation you belong to**

Please identify your organisation.

|  |  |
| --- | --- |
| Organisation Name | Please enter your organisation’s name. |

**User Contact Person Details**

Please enter information about the person requiring a PRMS User ID log in.

|  |  |  |
| --- | --- | --- |
| Title | Please choose your title. | |
| Given name | Please enter you given names. | |
| Surname | Please enter your surname. | |
| Position | Please enter you position title. | |
| Phone number | Please enter your phone number. | |
| Mobile number | Please enter your mobile number. | |
| Email address | Please enter your email address. | |
| Role Type | Please choose your role type. | |
| Training requirements | Please indicate your training requirements. | |
| Start date | Please enter the date you will start using PRMS. | |
| Name of the PRMS User you are replacing? | Please enter the name of the person you are replacing or state not applicable. | |
| If replacing another PRMS User, what date should their account be made inactive? | | Please enter the date the other user will no longer need access. |

**Declaration**

|  |  |
| --- | --- |
| I declare that the information provided is true and correct and that I have the designated authority to make this notification on behalf of the applicant. | Please choose an item. |

|  |  |
| --- | --- |
| Name | Please enter the name of the person making the notification. |
| Occupation | Please enter the occupation of the person making the notification. |
| Date | Click here to enter a date. |