SA Health Safety Learning System
User Access form

Request form for new user login access, or modification of access, to the Safety Learning System (SLS) for the purpose of reviewing reported events.

This request is to:  □ Add new user  □ Modify access (additional/overriding)

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Job title</td>
<td></td>
</tr>
<tr>
<td>Health unit /location</td>
<td></td>
</tr>
<tr>
<td>Email address</td>
<td></td>
</tr>
<tr>
<td>HAD logon</td>
<td>Tel:</td>
</tr>
<tr>
<td>SLS access start date</td>
<td>SLS access finish date (if required)</td>
</tr>
</tbody>
</table>

**SLS Module/s Access required**

Access to Patient incidents and WHS incidents is standard. Please speak to your manager or SLS administrator before ticking the other options.

- □ Patient/WHS/Security incidents
- □ WHS incidents only
- □ HSR incidents only
- □ Security incidents only
- □ Consumer feedback
- □ Coronial & Medical Malpractice
- □ Alleged sexual assault
- □ Administrator access

**Location access Required**

Complete the location tree down to the level required.

As you may have multiple locations, if there is insufficient space, please list them on a separate piece of paper and attach to this document.

- □ State-wide (to be approved by the Director, Safety and Quality)
- □ LHN............................................................................................
- □ Cluster............................................................................................
- □ Health unit ....................................................................................
- □ Directorate .....................................................................................
- □ Location exact................................................................................

**Notifications access**

- □ All emails
- □ SAC 1 & 2 emails
- □ None

**Duplicate access details**

If you require the same access as a team member

Name............................................................................................

HAD Login......................................................................................

**Authorising name and title**

(Head of Clinical Governance approval is required for Notification module and Administrator Access)

Name............................................................................................

Title..............................................................................................

**Date that appropriate training is to be given (required for administrator access)**

Date  /  /

**Authorising signature**

Date  /  /

**State-wide access authorised by Director, Safety and Quality signature**

Date  /  /

In addition to the standard SA Health confidentiality requirements, I hereby acknowledge that information in the review and analysis phase of the SLS Patient Incidents Management module is protected under the Health Care Act Part 7 2008 (SA) and WHS incidents are covered by Work Health and Safety Act 2012 (SA) Regulation 271.

I have read and understand the relevant sections of the acts/regulations and accept the obligations and restrictions that they impose on the way I deal with information within SLS.

Signature of new/modified user........................................... Date  /  /

Return the completed form by email: SafetyLearningSystem@health.sa.gov.au