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| --- | --- | --- | --- |
| **TITLE**  *(please print)* | **FIRST NAME**  *(please print)* | **MIDDLE INITIALS**  *(please print)* | **SURNAME**  *(please print)* |
|  |  |  |  |
| **ORGANISATION**  *(please tick appropriate box)* | | NHS Tayside | □ |
| NHS Grampian | □ |
| NHS Highland | □ |
| NHS Fife | □ |
| NHS Lothian | □ |
| NHS Borders | □ |
| NHS Lanarkshire | □ |
| NHS Forth Valley | □ |
| NHS Dumfries & Galloway | □ |
| NHS Ayrshire & Arran | □ |
| NHS GGC | □ |
| NHS Western Isles | □ |
| NHS Shetland | □ |
| NHS Orkney | □ |
| **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) | | | |
| Signature: | |  | |
| Name *(please print)* | |  | |
| Date: | |  | |
| Designation: | |  | |
|  | | | |
| ***TO BE COMPLETED BY PHOTONET PROGRAMME MANAGER:*** | | | |
| LDAP Username authorised: | |  | |
| Date: | |  | |
|  | |  | |
| ***TO BE COMPLETED BY IMS TEAM ONLY*** | | | |
| LDAP Username assigned: | |  | |
| Date: | |  | |
| ***IMS Team:*** *please return the form back to the Network Office* | | | |

**Please complete and return to:**PHOTONET NETWORK OFFICE  
Room 1017, Kings Cross Hospital  
Clepington Road  
Dundee, DD3 8EA  
**or scanned via email**: **nss.photonet@nhs.net**