**CSEF System - User Access Request for Government Schools**

Please complete all details. Principal must authorise the request (details and signature below) and email scanned copy to [csef@edumail.vic.gov.au](mailto:csef@edumail.vic.gov.au)

Once set up, a confirmation email will be sent to the User.

**PLEASE NOTE:**

* YOU ONLY NEED TO SUBMIT THIS FORM if there is no-one at your school who currently has School Approver access to CSEF.
* Users with CSEF School Approver role can add School Administrator or School Approver roles and delete users at their school within the CSEF system. (Administration > Maintain Role Assignments) without having to submit this form.
* A single User can administer CSEF for more than one school (no need to have multiple User Ids).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Requested:** | |  | | | | |  | | | |
| **VRQA School Number:** | |  | | | | |  | | | |
| **School Name:** | |  | | | | |  | | | |
| **School Address:** | |  | | | | |  | | | |
|  | | | | | | | | | | |
| **Role: School Approver: School Administrator:** | | | | | | | | | | |
| **‘School Approver’** access gives the user the ability to **endorse** applications and **maintain** **CSEF** access for other users at the school. **‘School Administrator’** access gives the user the ability to **add** and **update** applications**.** | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Gov ID:** | |  | |  | | | | | |  |  |  | |  | |  |  |  | |  | **Name:** | |  | |  | | | | | |  | **Email:** | |  | |  | | | | | |  | **Phone:** | |  | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |
| Are you already set up at another school to use the CSEF Web System? | | | | | Yes |  | No |  | | |
|  | | | | | | | | | | |
| If yes, please provide other School Name and Number: | | | |  | | | | | |
|  | | | | | | | | | | |
| Does the above access (other school) need to be retained? | | | | | Yes |  | No |  | | |
|  | | | | | | | | | | |
| **Principal Details:** | Name: | |  | | | | | |  | | |
|  | Email: | |  | | | | | |  | | |
|  | Signature: | |  | | | | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department Use Only** | | | |
| **Date Received** | **Date Actioned** | **By Whom** | **User Notified** |
|  |  |  |  |