**Coordinate My Care (CMC)**

**User Access Form (UAF)**

Please provide **complete and accurate** details for every user listed **(No nicknames, acronyms or abbreviations)**. CMC is **unable to process incomplete user details**; user **access will be delayed** until these are provided. Please do not include individuals who already have a CMC account for your organisation.

|  |  |
| --- | --- |
| **Organisation Details:** | |
| **Organisation Name:** | [One organisation per form, no acronyms  For hospitals state the trust/hospital and department, for GP practices state the name and CCG] |
| **Address with Postcode:** | [Please provide the full address] |
| **NHS Organisation Code:** | [Practice Code/ODS Code] |

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| --- | --- | --- | --- | --- | --- | --- |
| **First Name:** | **Surname:** | **End Date1:** | **Role/Job Title:** | **Email Address:** | **Existing CMC2:** | **Training Undertaken3:** |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |
| [FName] | [SName] | [Date] | [Occupation] | [Email] | [Yes/No] | [Training] |

**1**Only applicable to staff leaving at a known time/on fixed term contracts. If not applicable, please leave blank.

**2**Does the user have an existing CMC account with another organisation? [Yes/No]

**3** What type of training has the user undertaken? [Recorded Video/CMC face to face/CMC E-learning/CMC Cascade Training/Webinar/Bulletin]

***If you would like to list any non-contracted individual, e.g. a volunteer, please contact CMC in advance.***

|  |  |
| --- | --- |
| **Point of Contact:** | |
| **Name of Manager:** | [Practice/Line Manager, Head of Department] |
| **Manager Email Address:** | [Email] |
| **Manager Phone Number:** | [Please provide all contact numbers with most relevant first] |
| **Job Title of Manager:** | [Occupation] |
| **Declaration:**  (1) I hereby declare the list of users are authorised to be given access to the CMC system. (2) I will inform Coordinate My Care if any of these individuals leaves this organisation. (3) I will inform Coordinate My Care If there is a change to organisation name/code/merger. | |
| **Manager Signature:** | [Print Full Name]  [Managers Physical Signature or type “Please accept this as formal confirmation” for electronic submission] |
| **Date Signed:** | [Date] |

Email completed form to [coordinatemycare@nhs.net](mailto:coordinatemycare@nhs.net)

***REMINDER: No login, or addition of new organisation to an existing login, can be provided until this form is received by CMC.***