REQUEST FOR SYSTEM ACCESS (**e-Channel PORTAL**)

BSS 31
Version 5

APPLICATION FOR:

New User I/D: (Please complete Declaration as w ell)	**1**	Cancellation of a user I/d:	**3**
Role / Profile Change:	**2**	Reset User ID	**4**

PERSONAL PARTICULARS OF APPLICANT:

USER ID:	**EMPLOYEE/SALARY/FORCE NUMBER:**
SURNAME:	**FIRST NAME:** **INITIALS:**
TEL NUMBER: **CELL NUMBER:**	**FAX NUMBER:**
E-MAIL ADDRESS:	
DEPARTMENT NAME:	**EMPLOYER CODE:**
DESIGNATION / RANK:	

SYSTEM ACCESS REQUIRED: (please mark applicable item)

User Role / Profile	Description	Select applicable profile
Employer HR Capturer	**Employer representative responsible for completing benefit application forms**	
Employer HR Verifier	**Employer representative responsible for approving benefit application forms**	
Employer HR Manager	**Employer representative responsible for production management and reporting**	
NB!!Does the user need access to more than one Employer Code?		**YES / NO**
If YES, which employer codes?		
NB!!Is your Exits / Terminations section grouped into teams / business units reporting to different supervisors?		**YES / NO**
If YES, to which team / group must this user be linked? (Team 1, 2, 3, etc …. 20)		

APPROVAL:

*EXTERNAL EMPLOYER APPROVAL***:**
We hereby confirm that the above named person is currently an employee of the abovementioned Department/Institution and that he/she must have access to the item selected above.

_____HR MANAGER____: NAME: _____ SIGNATURE: _____ DATE: _____ TEL: _____
   (or Delegate)

HEAD OF DEPARTMENT: NAME: _____ SIGNATURE: _____ DATE:_____ TEL: _____
   (or Delegate)

THE COMPLETED FORM MUST BE EMAILED TO : *BSSSystems.Administrator@gpaa.gov.za*

NB!! **Attach a copy of the users identity document and / or departmental access card (ALL APPLICATIONS, including resets)**
NB!! **Attach the declaration form (page 2) with all new user applications (NOT required for resets)**

*GPAA APPROVAL***:**
GPAA USER MANAGER: NAME: _____SIGNATURE: _____ DATE:_____ TEL: _____

BUSINESS SUPPORT SERVICE (GPAA):   SYSTEM UPDATED

NAME: _____ SIGNATURE: _____ DATE: _____ TEL: _____

- **NEW USER I/D ALLOCATED: _____**

USERS COMPLETE ONLY THE SHADED AREAS PLEASE
NB!! INCOMPLETE DOCUMENTATION WILL BE REJECTED

DECLARATION BY ORACLE PORTAL SYSTEM USER WITH REGARD TO UNAUTHORISED DISCLOSURE OF INFORMATION

I, _____ (Full Names)

Stationed at: _____ (Department)

ID No.: _____ Designation: _____

Persal No.: _____

Solemnly declare that:-

1. I am aware of the provisions of the Protection of Information Act, 84 of I982 and in particular, the provisions of section 4 of the Act. Furthermore, anyone granted access and who wilfully discloses information in circumstances in which he or she knows, or could reasonably be expected to know, that such a disclosure will or may prejudicially affect the exercise or the performance by the GPAA, shall be guilty of an offence and liable on conviction to a fine or to imprisonment; and
2. I understand the serious consequences that may follow any breach or contravention of the said Act or instructions; and
3. I understand that the disclosure of information is not limited to the supplying of documentation, but that it also includes the verbal disclosure of facts, as well as the disclosure of facts in any other way, whether by means of photographs, videos, tape recordings, computers, plans, sketches, or any other manner by means of which knowledge of facts may be revealed.
4. I understand that I may not disclose information regarding any function or information on any database of the GPAA except:
   a. Where it is necessary, and only to the extent to which it is necessary, for purposes of exercising my powers as a system user;
   b. After I have been authorized by the CEO of the GPAA, or his or her duly authorised representative, to disclose the information and only to the extent to which it is authorised;
   c. When I am legally obliged to disclose the information and only to the extent of such obligation; or
   d. Where it is in the interest of the state to disclose the information and only to the extent that it is in such interest.
5. I declare further, that I am aware that any unauthorized disclosure of such information may prejudicially affect the exercising of powers or performance of the GPAA.
6. I undertake, whenever I am uncertain whether specific information concerns the exercising of the powers or performance of the functions of the GPAA, not to disclose the information before I have obtained authorisation from the office of the CEO of the GPAA.
7. I understand that the said provisions and instructions shall apply not only during my term of office but also after termination of my services with or for the department or after my access has been revoked.

_____   _____
SIGNATURE OF SYSTEM USER   DATE

_____   _____
SIGNATURE OF MANAGER / SUPERVISOR   DATE

_____
PLACE:

New Beginnings My Future