



THE PRINCE PHILIP DENTAL HOSPITAL

Requisition Form for Creation or Deletion of DHIS User Accounts

Serial No.: _____
(Office Use Only)

Please fill in the DHIS user particulars for the following operators:-

	Action (*Delete whichever is inappropriate)	Staff No. / Student No.	Title (Prof/ Dr/ Mr/ Mrs/ Ms)	Surname (in BLOCK LETTERS)	Forename (in BLOCK LETTERS)	Email Address	Status of Operator (Job Title / Student Group)	Area/ Section/ Unit
1.	Create or Delete							
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

Requested by

Name of Requester:	Post Title:	Date (dd/mm/yyyy):
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Actioned by (To be completed by IT Office)

Name of IT Operator:	Post Title:	Signature:	Date (dd/mm/yyyy):
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