

Online Reporting Access Request Form

Name	Trading Name & Address	Email Address	Contractor Code(s)

Signature:

Print Name:

Date:

Owner Authorisation

I confirm that I am the owner and give the above named user authority to access Online Reporting for the contractor codes listed.

Signature:

Print Name:

Date:

It is also your responsibility to advise us if a member of staff leaves and access needs to be removed.

Please email the completed form to nss.psdhelp@nhs.scot