

CIS –User Authorisation Form Staff of an Approved Centre

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1. Person who will be using CIS	
Name:	
Role:	
Email:	
Address:	
MCRN:	(only required for doctors)

2. Please grant these permissions to the user *(tick all that apply)*

<i>Registration of Approved Centre</i>		
<input type="checkbox"/>	Enter and update registration application and supporting documents	MHF_REG_UPDATE
<input type="checkbox"/>	View registration information only	MHF_REG_READ
<i>Inspections</i>		
<input type="checkbox"/>	Enter and update inspection report comment & review and supporting documents	MHF_INS_UPDATE
<input type="checkbox"/>	View inspections information only	MHF_INS_READ
<i>Compliance Monitoring</i>		
<input type="checkbox"/>	Enter and update CAPA plans and provide implementation updates	MHF_CAPA_UPDATE
<input type="checkbox"/>	View compliance monitoring information only	MHF_CAPA_READ
<i>Quality and Safety notifications</i>		
<input type="checkbox"/>	Enter and update all QSN Notifications	MHF_QSN_UPDATE
<input type="checkbox"/>	Submit Death, ECT, Restraint and Seclusion Notifications (Consultant Only)	MHF_QSN_CONS_UPD
<input type="checkbox"/>	View quality and safety notification information only	MHF_QSN_READ
<i>Mental Health Tribunals</i>		
<input type="checkbox"/>	Mental Health Act Administrator - Submit statutory forms and manage hearings	MHF_ADMIN
<input type="checkbox"/>	View mental health tribunal information only	MHF_MHT_READ
<input type="checkbox"/>	Submit statutory forms only (restricted access)	MHF_MHT_SUBMIT

3. The permissions above apply to these approved centre(s) *List all that apply*

4. Please sign to authorise *(The Registered Proprietor must authorise this)*

	Name	Signature	Date
Approved by			