

To be completed by AROC staff
Date received: ___/___/___
Date processed: ___/___/___

AROC Member AROC Online Services - Login Application form

AROC Online Services (AOS) is a secure web-based system that will provide automated online data audit and submission, data extraction and reporting to members of AROC. The Phase 1 release will provide an immediate email acknowledgement and data audit when your facility's data are submitted online. You will also be able to view or download all your AROC reports. The Phase 2 release will enable you to easily extract and download your facility's data directly from the AROC database. You will also be able to ensure your facility's contact details are up to date.

NOTE: AROC Member facilities will be issued with one username and password for use by all staff at that facility.

AROC Member details

Facility name: _____
Facility code: _____
Ward name: _____

Details of staff member applying for AOS login

Name: _____
Position: _____
Email: _____
Phone: _____
Fax: _____

Authorisation for AOS login (to be completed by CEO, Hospital Director, Director of Rehab as appropriate)
As a member facility we agree to access AROC Online Services in accordance with procedures to be notified to us by AROC from time to time, for the sole purposes of:

- Uploading AROC data
- Accessing AROC Reports
- Accessing hospital-specific AROC data (Phase 2)
- Updating hospital-specific details (Phase 2)

We, the member facility, agree to safeguard access to AROC Online Services by limiting the number of employees who have access to AOS to those who have a reasonable requirement for access and for whom we have authorised this access. We agree to ensure that no unauthorised persons have access to AROC Online Services.

We agree to immediately notify AROC if there has been any failure to observe these terms and conditions regarding AROC Online Services.

We agree to indemnify and to keep AROC indemnified in respect of any claim for damages or otherwise arising out of the failure by us, the member facility, to observe these terms and conditions regarding AROC Online Services.

Name: _____
Position: _____
Signature: _____ Date: ___/___/___