Recommendation of Administrator Form

This form is to be completed in line with the requirements in the Information Management Governance Policy.

# Information Asset Details

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| **Information Asset Details** |
| Information Asset Name | Enter asset name |
| Information Asset Allocation | Select allocation |

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| **Steward Details** |
| Position | Enter position title |
| Occupant Name | Enter Steward name |
| Division / Health Service Provider | Select division / HSP | Division name | Enter division name |
| Email | @health.wa.gov.au |
| Phone | (08) 0000-0000 |

# Administrator Candidate Details

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| **Appointment Terms** |
| Reason for appointment | Select reason |
| Appointment type | Select appointment type |
| Administrator allocation | select Administrator Allocation | Site / Region | Enter site or region name |
| Administrator commences | \_\_\_/\_\_\_/\_\_\_\_\_ |
| Administrator ceases | \_\_\_/\_\_\_/\_\_\_\_\_ *Not required for permanent appointments.* |

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| **Administrator Details** |
| Position | Enter position title |
| Occupant Name | Enter Administrator name |
| Division / HSP | Select division / HSP |
| Email | @health.wa.gov.au |
| Phone | (08) 0000-0000 |

# Recommendation

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| **Administrator Agreement** |
| I agree to perform the role of the Administrator in accordance with all relevant policies, regulations and legislation and within the conditions and limitations of the delegated functions and powers of an Administrator.  |
| Signed | \_\_\_/\_\_\_/\_\_\_\_\_ |

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| **Steward Recommendation (To be completed for Local Steward Recommendations only)****For Systemwide Steward recommendations do not complete and send form to:** RoyalSt.PSPInfoManagement@health.wa.gov.au |
| As the Steward of the above Information Asset, I recommend the appointment of the Administrator for the documented term, scope and where specified, site or region. |
| Signed | \_\_\_/\_\_\_/\_\_\_\_\_ |