Board Member Mobile Device/s User Agreement

Purpose:

Date:

This user agreement (the 'Agreement') confirms that Board Members understand their roles, responsibilities and obligations when using WA health system computing /mobile device resources or bring your own device ('BYOD') resources that utilise the WA health system's information and communications technology ('ICT').

Policy Framework:

The <u>ICT Policy Framework</u> and related documents (including the *Acceptable Use Policy*) establish the <u>minimum obligations</u> incumbent upon all Board Members who have access to WA health system computing/mobile device resources or BYOD resources, including but not limited to e-mail and the internet. This Agreement should be read in conjunction with the relevant sections of the *ICT Policy Framework*.

Declaration:
I, (print name):
as a Board Member of the, (tick relevant board name):
☐ Child and Adolescent Health Services Board
□ East Metropolitan Health Services Board□ Health Support Services Board
North Metropolitan Health Services BoardPathWest Laboratory Medicine WA Board
□ South Metropolitan Health Services Board□ WA Country Health Services Board
confirm that:
 I am aware of my role/s, responsibilities and obligations when using WA health system computing/mobile device resources or BYOD resources that utilise the WA health system's ICT.
 I am aware of the consequences of breaching this Agreement or any other socially acceptable requirements when using WA health system computing/mobile device resources or BYOD resources that utilise the WA health system's ICT.
 I am aware that I must not violate any written law whether or not expressly mentioned in this Agreement and any breach could result in disciplinary action.
Signed:

Once completed, please return your signed Agreement to your Board Secretariat.