**ARC PEP/Audit User Update Form**

Use this document to request UWE Bristol to change ARC users.

Please email: ppoallocations@uwe.ac.uk with the completed document attached.

|  |  |
| --- | --- |
| Effective date of this change (*DD/MM/YY)* |  |

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| --- | --- | --- | --- |
| Name and job title of person completing this document  |  | Telephone number  |  |

|  |  |
| --- | --- |
| Placement/Trust Name *please use the name as shown on ARC* e.g. STM ONCOLOGY WARD, OCC BGH – BRISTOL, North Bristol NHS Trust |  |

**\*** please specify:

**View only**; user will only be able to view information for that placement

**Edit and view**; user will be able to change information about the placement and placement audit

**Add new user/s**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Accessrequired\* | Name*(please enter full name)* | Job Title*e.g. Sister, Education Lead, Practice Education Facilitator* | Telephone Number*Including code e.g. 01324 456987 ext 234* | Email Address *(within the organisation)* |
|  |  |  |  |  |
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**Amend existing user/s**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Accessrequired\* | Name*(please enter full name)* | Job Title*e.g. Sister, Education Lead, Practice Education Facilitator* | Telephone Number*Including code e.g. 01324 456987 ext 234* | Email Address *(within the organisation)* |
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**Remove existing user/s**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Accessrequired\* | Name*(please enter full name)* | Job Title*e.g. Sister, Education Lead, Practice Education Facilitator* | Telephone Number*Including code e.g. 01324 456987 ext 234* | Email Address *(within the organisation)* |
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