



Australian Government

Comcare

# ONLINE FORMS SUPER USER REGISTRATION FORM

This form is used to collect information required to create, amend or replace a Super User in Comcare's online form system. Please complete all fields on page 2. If you are subject to shared service arrangements and require access to manage online claim forms for another agency please complete page 3. If you have any questions about this form please call Comcare on 1300 366 979 and speak to the Claims Operations Helpdesk.

Please return this form by email to [Customer.Support@comcare.gov.au](mailto:Customer.Support@comcare.gov.au)

Once the Super User profile is active you can access Comcare's Online Forms User Management tool to create user profiles for required staff.

## PRIVACY INFORMATION

Your privacy is important to us. For information about how we handle your personal information please visit [www.comcare.gov.au/privacy](http://www.comcare.gov.au/privacy) or contact us on 1300 366 979 and request a copy of our Privacy Policy.

## INFORMATION WHEN COMPLETING THIS FORM

### What is a 'super user'?

A Super User is:

- > A representative from your agency who creates and manages all information that is needed by Comcare to fulfil our management responsibilities of the Commonwealth SRC Act and WHS Act
- > The person who has full control of your agency's Online Form access arrangements with Comcare. They can tailor these arrangements to their own internal processes (i.e. each form can have a dedicated operator or people may share responsibility for access to Comcare's online forms).
- > Someone who has an understanding of your agency's privacy arrangements and considerations
- > A key contact through which Comcare communicates with your agency about access to our Online Forms portal.

### Who should be nominated?

Comcare requests that someone in your agency, at EL2 level position, nominates your agency's Super User. We recommend that this Super User is someone with management accountability (generally EL1 or higher) as their access rights as a Super User allows them to:

- > View new claim submissions as well as existing claims receiving incapacity payments
- > Submit information against claims (which influence determinations)
- > Grant others in the agency access to this information (these people are known as 'ordinary users'). They may grant access to one or all of the following Comcare online forms:
  - **Worker's Compensation Claim Form**—this form will allow you to complete the employer component of a new claim form. This is typically managed by a Case Manager.
  - **Claim for Time off Work and Normal Weekly Earnings Forms**—these forms allow for the processing of regular incapacity payment. This is typically used by payroll staff members who work with compensation claims.

# SUPER USER DETAILS

Which form are you registering for?  Workers' Compensation Claims  
 Claim for Time off work/Normal Weekly Earnings

Department name

Create new Super User  Amend existing Super User

Title

Given name

Family name

Position

Phone  Fax

Email address

Address

Previous Super User (if replacing)

Email address for online form notification emails to be sent to\*

\*The email address should be accessible to staff who will be processing your online forms. Please note that only one email address can be recorded for the online forms notifications. Once registered, Super Users will be able to amend the email address from within the online forms system if required.

Manager's name

Manager's signature

Manager's position  Date  /  /

(EL2/Director level or equivalent)

# DEPARTMENT ACCESS REQUIREMENTS

This page should only be completed if you require access to manage the online forms of another agency—e.g. agencies who manage payroll functionality for another agency under a shared services agreement.

Department Name/s (please specify all customers you require access to)


## ADDITIONAL USERS—SHARED SERVICE ARRANGEMENTS

Please provide details of any other staff that will require access to manage online forms for the customers listed above. If you require additional space, please attach further copies of this page.

### User 1

Given name		Family name	
Position		Phone	
Email address			

### User 2

Given name		Family name	
Position		Phone	
Email address			

### User 3

Given name		Family name	
Position		Phone	
Email address			

### User 4

Given name		Family name	
Position		Phone	
Email address			

Manager's name

Manager's signature

Manager's position

Date

 

(EL2/Director level or equivalent)