**ACCESS CHANGE FORM FOR MOSAIC (FWI5)** (ADULTS SOCIAL CARE SERVICES

INCLUDING MENTAL HEALTH SERVICES)

(to be completed by Line Manager)

**Trainer for Mosaic, within Adults Services**- Nicola Antoni, 0207 974 3474

Please also find Mosaic access/ training guidance via the [Mosaic page of the ASC Practice Guide](https://ascpractice.camden.gov.uk/mosaic/requesting-training-and-access/#main)

|  |
| --- |
| REQUIREMENTS  Before requesting for any existing Mosaic user to have their access changed, please check the following:   * **Their CITRIX account is active** (if they are a user outside of Camden’s network). Workers should be logging into Citrix every month. * **They have a current DBS**, which has been provided to Camden HR. * **They have signed an Acceptable User Policy (AUP) document**, and both their manager and HR have a copy of this in their possession (HR email- [schoolsDBS@camden.gov.uk](mailto:schoolsDBS@camden.gov.uk)) * **They have received the appropriate training if their access is increasing, and that there is a business critical need for this change request.** |
| **CHANGE GUIDANCE**  **MINOR CHANGE/ ACCESS REDUCING:**  If a worker’s team is changing, but their access is remaining the same or their access is reducing, then **please complete the form below** detailing the change.  The Mosaic trainer will then request for this change to be made with IT.  **SIGNIFICANT CHANGE/ ACCESS INCREASING:**  If a worker’s access is increasing, they are likely to require more training around those areas. The worker will require either the full day practitioners’ training, or a more specialist one-to-one training session, before their new access can be organised. This needs to be organised directly with the Mosaic trainer. **Please complete the form below** detailing the change and/or training need.  Once the training is completed, the Mosaic trainer will request the worker’s access to be changed with IT.  **Please note** **that workers cannot have any allocations or workflow in their work folder for this access change to be made. This will mean temporarily reassigning these, for IT to make the change, and then reassigning them back again once completed.**  **TRAINING GUIDANCE**   * **A SPECIFIC/ SPECIALIST PART OF MOSAIC**   Relating to their individual role. This may be within CLDS Healthcare, the Careline Service or the Personal Finance Service for instance.  These training sessions can be organised directly with the Mosaic trainer.   * **COMPREHENSIVE UNDERSTANDING OF MOSAIC**   This would be the most appropriate training for Social Workers, Managers, Occupational Therapists, and Data entry staff (on behalf of Social Workers) for instance.  This is a full day training session, held every other Wednesday.  IT will not provide Mosaic access or change a worker’s current access, unless this request has been made directly by the Mosaic trainer. **If training is required, please ensure all sections of the below application is completed, and send to** [**nicola.antoni@camden.gov.uk**](mailto:nicola.antoni@camden.gov.uk) |

**Please enter information required below**

Please note without all the relevant sections completed, this could delay the change request:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Request** |  | | |
| **Current team** |  | | |
| **(If “Other” please write the name of the team)** |  | | |
| **New team** |  | | |
| **(If “Other” please write the name of the team)** |  | | |
| **Name of Team Manager** |  | | |
| **Worker’s name** |  | | |
| **Current job title (i.e. social worker, OT etc.)** |  | | |
| **New job title** |  | | |
| **If this is a secondment post, fixed term post, or a student position, please detail the exact end date of this role** |  | | |
| **Is additional training required?** | **None required  Specialist training**  **Full day training** | | |
| **Please detail reason for the change in access**   * **What does the worker no longer need access to?** * **What does the worker now need to see and/or do, which they cannot currently?**   **We can then decide which worker role would be most appropriate for them.** |  | | |
| **Does the delegate have a current eCRB or DBS? Confirmation is required that Camden HR hold a copy of this.** | **Yes** | **No** | |
| **Do HR have a signed AUP on file for this worker?** | **Yes** | **No** | |
| **If the new starter is not on the Camden Council Network, and they are therefore using CITRIX- is this account active?**  **(If not, this will need to be raised with IT, before Mosaic access is changed).** | **Yes** | **No** | |
| **Please detail any ‘act fors’ which need to be added or removed**  **(i.e. Virtual worker roles/ Duty worker roles)** |  | |
| **Once this form is completed please email it to** [**Nicola.antoni@camden.gov.uk**](mailto:Nicola.antoni@camden.gov.uk) | | |