



Northern Health

# NORTHERN HEALTH ICT – Request for BYOD Program

(Bring Your Own Device)

**This form is for access of staff/student personal devices to NH network using wireless via FollowMe Desktop at Northern Health sites only.**

**If you also require external Remote Access please complete the “Remote Access” form.**

This form must be completed, signed by the user and Manager, then attached and emailed to the ServiceHUB ([ServiceHub@nh.org.au](mailto:ServiceHub@nh.org.au)). An IT job will be logged and a job reference number will be emailed to you shortly.

Request Date:	
Principal NH Full Name:	
Principal NH username:	
Principal user department(s):	
Principal user phone:	
Device (eg: PC) manufacturer: <b>NH BYOD Preferred device models:</b> -Microsoft Surface Pro Running Windows 8+ -Apple iPhone & iPad utilising IOS 1.1 or above -Windows 7 (Laptop) -Mac OSX Lion (MacBook) -Android 4.0 tablet & smartphones	
Device type:	
Device operating system (if known):	
Is anti-virus functionality installed? (yes/no, version):	

### Summary of conditions of use:

- NH will only support and/or install a Citrix receiver on personally owned devices.
- NH BYOD program will only be supported via the FollowMe Desktop Service.
- The responsibility for any personal data remains with the employee.
- NH is not responsible for any damages, insurance, theft or loss of personal devices on its campuses.
- NH is not responsible for any associated costs of a staff or student’s devices. This includes but is not limited to any insurance, damages, warranty, legal, data plans, exceeding data caps, PSD memory, accessories & peripherals.
- NH ICT will provide support and issue resolution only for the 2 items listed below. All other support and application issues with a device remain the responsibility of the employee or student.
  - Troubleshooting for wireless connectivity to the TNHDATA, NHDATA and STUDENT networks.
  - Configuration and login to the FollowMe Desktop service for STAFF.
- Any application costs for a personally owned device are the responsibility of the owner.

To view complete NH BYOD Program Policy – [Click here](#)



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**Primary User** ..... **Signature:** ..... **Date:**.....

*I have read, understood and consent to adhere to the guidelines outlined in the NH BYOD policy.*

**Department Head** ..... **Signature:** ..... **Date:**.....

**IT Evaluation and Recommendation** *(to be completed by IT Support Staff)*

Hardware Compliancy - Notes: ..... Software Compliancy - Notes: .....

Added to appropriate Group - Yes/No: .....

Added mobile number to the IP phone section (Telephones Tab): .....

Recommendation Notes: .....

Date completed: ..... Incident #: .....

IT Support Staff ..... Signature.....