

Please ask your manager to complete and return this form

Please make sure that everything in red is completed or your request will be returned

Have you had a TCES account before? *Please delete as appropriate

If yes, is this request for an additional account or a replacement?

If you are transferring team please complete the form to ensure we have up to date contact information
 If you are requesting a name or e-mail change please provide the original name / e-mail and complete the form with up to date details:

If this new staff member is replacing a staff member who has left, please provide the email of the account that needs deactivating

First Name Surname

Job Title

Email Address

Telephone Number Mobile Number

Preferred Contact Profession Profile

User Type

Please provide your job role including banding, if applicable, from the drop down below.

Will you be managing a peripheral store?

Have you completed the Suffolk Wheelchair Services accredited assessor training?

Please provide details of your course Date completed Venue

Will you require a PIN number for a p store scanner (not applicable for OBO accounts)?

Work Address

Building Name / Number Office / Room Name

Street Town

County Postcode

Organisation

Division

Please select the team you order equipment for. If you require access to more then one team (for example Pathway 1 as well as WSFT OT, please indicate your main team on the top line and the additional team underneath.
 If you only require access to one team, leave the additional team name option empty

Main Team Name

Additional Team Name

**Please note you must access the account every 60 days for it to remain active.

It is your responsibility to keep your contact details up to date- these can be checked using the 'My Account' button- as these are the details used by Medequip if they have a query.

You must read the documents section on TCES as these provide important information about how to use the system effectively and these are updated as and when appropriate with new information and processes. We monitor if documents are read and steps will be taken to address prescribers who fail to keep up to date.

Managers Name Managers Job Title

Please provide contact details for your manager

Phone Number

Email address

OFFICE USE ONLY

Actioned by

Date