


# Request for ATLAS Portal access



For assistance in completing this form, call the Department for Innovation and Skills on 1800 673 097


Complete and submit this form to apply for access to the ATLAS Portal as a representative of an Apprenticeship Network Provider, Registered Training Organisation and/or as a registered employer.

 Required fields are indicated with a red asterisk on the right hand side: \*

## 1. Your Details


First name(s):	*
Last name(s):	*
Organisation legal name:	*
Position title:	*
Email:	*

## 2. Access Type

 You can select more than one access type.


<input type="checkbox"/> Apprenticeship Network Provider	*
<input type="checkbox"/> Registered Training Organisation	
<input type="checkbox"/> Registered employer of apprentices or trainees	

## 3. Account Activation / Deactivation


 Complete this section if your account is to be activated from a certain date, or if you are requesting a deactivation of your account.

Activate from (DD/MM/YY):	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Deactivate on (DD/MM/YY):	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

## 4. Access Level

 There is a limit of one administrator user per organisation. The administrator user can deactivate default users for your organisation, and can request new default user accounts on behalf of other individuals.

<input type="checkbox"/> Default user	*
<input type="checkbox"/> Administrator user	

 See page 2 of this form for required signatures.

## 5. User Declaration

I accept that I am responsible for ensuring my ATLAS Portal username and password are not shared, and that my access is only used for proper and authorised activities. I will also ensure the security of any data I extract from ATLAS.

Print name:	*
Date (DD/MM/YY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*
User signature	*

## 6. Account Authorisation



This section is to be signed by the ATLAS Portal administrator user for your organisation, or in the absence of such a user, an authorised representative of your organisation.

I hereby authorise the creation of an ATLAS Portal account for the above user:

Print name:	*
Position title:	*
Date (DD/MM/YY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*
Authorising representative signature	*

*You are advised to retain a copy of this form for your records.*

### Please submit all pages of this form to:

Post: **Traineeship and Apprenticeship Services**  
GPO Box 320, Adelaide SA 5001  
Fax: 08 8463 4466  
Email: [distas@sa.gov.au](mailto:distas@sa.gov.au)

### For assistance or more information:

Phone: 1800 673 097  
Website: [www.skills.sa.gov.au/apprentices](http://www.skills.sa.gov.au/apprentices)