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| **Request for WCGSCHOOLS.GOV.ZA Email** |

**APPLICANT / EMPLOYEE PERSONAL DETAILS (COMPULSORY)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSAL Number** | Click here to enter PERSAL Number | **ID No.** | Click here to enter ID Number. | | |
| **Surname** | Click here to enter SURNAME. | **E-mail Address** | Click here to enter Email address | | |
| **First Names** | Click here to enter FULL NAMES. | **Display Name** | Click here to enter DISPLAY NAME. | **Title** | Click here to enter TITLE. |
| **School Name** | Click here to enter SCHOOL NAME. | **Designation** | Click here to enter DESIGNATION. | | |
| **District** | Select your DISTRICT. | **School Tel Number** | Click here to enter School Number. | | |
| **EMIS Number** | Click here to enter EMIS NO. | **Cell Number** | Click here to enter Cell Number. | | |

**SERVICES REQUIRED**

Please indicate the service(s) required by ticking the relevant block(s) below

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Create a new user account (e-mail)** | |  | **Disable user account from the network & e-mail** | |  |
| **Move an existing user account from one school to another** | |  | **Update user account details** | |  |
| **Add user to a distribution list** | |  | **Reactivate previous disabled account** | |  |
| **Applicant Name** | Click here to enter text. | | **Application Name** | Outlook Web Access for Schools | |

\* Please note that usernames, access codes and user rights for any application must be obtained from the relevant system controllers/administrators in accordance with prescribed procedures. The Service Desk can only install/activate the application.

**APPLICANT / EMPLOYEE LOCATION DETAILS (COMPULSORY**)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School Address** | **Street Number and name** | | Click here to enter STREET NO and NAME. | | **Suburb** | Click here to enter SUBURB. | | |
| **City** | Click here to enter CITY. | | | **Postal Code** | | | Click here to enter POSTAL CODE. |
| I certify that the above information is correct and true. | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Employee | | | Click here to select DATE  Date | |

*By signing the above the employee agrees to be bound by the conditions of use set out in the IT acceptable use policy.*

**CIRCUIT APPROVAL**   
I hereby certify that the above-mentioned employee requires the services as requested above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Circuit Admin Officer** | Click here to enter NAME and SURNAME. | **Date:** | Click here to enter a DATE. |
| **Signature of Circuit Admin Officer** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Circuit Admin Officer | | |
| **E-mail address of Circuit Manager** | Click here to enter E-MAIL ADDRESS. | | |
| **Name of Circuit Manager** | Click here to enter NAME and SURNAME. | **Date:** | Click here to enter a DATE. |
| **Signature of Circuit Manager** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Circuit Manager | | |

Please submit form to the Ce-I Service Desk via e-mail at [SchoolsIT.ServiceDesk@westerncape.gov.za](mailto:SchoolsIT.ServiceDesk@westerncape.gov.za)