



BAUS Data and Audit System – Consultant User Registration Form

Please complete this form and return it to Louisa Hermans, BAUS Project Manager Data and Audit - lhermans@baus.org.uk

Your Details	
Forename:	
Surname:	
GMC Number:	
Your Delegated Users	For example a data coordinator, trainee or anyone to whom you wish to delegate authority to enter data on your behalf
Delegate 1 - Forename and Surname:	
Job Title:	
Delegate's Email Address:	
Delegate 2- Forename and Surname:	
Job Title:	
Delegate's Email Address:	
Your Hospitals	
Hospitals you work at (hospital name and post code) starting with your primary hospital and including private hospitals:	

Continued overleaf

Your Hospitals continued	
Audit email reminders for follow-ups on your patients to be sent to (Please tick):	You: <input type="checkbox"/> Your Delegated User/s: <input type="checkbox"/> Both: <input type="checkbox"/>

Once this form has been processed you and your delegate/s will be sent an email with logon instructions.