



Government eCAF API System Access Request form

Please email completed form to VSLDataandIT@education.gov.au (VET providers)
or HEenquiries@education.gov.au (higher education providers)

Client details (Please print clearly)

Given name: _____ Surname: _____
 Phone no: _____ **Generic** email address: _____
 HITS Provider code (if known, e.g. 7123): _____ Legal Entity Name of Approved Provider: _____
 Role/Position Title: _____

Roles and description

eCAF Provider API Access – access to the eCAF Provider Application Programming Interface (API), this role is a provider service account only role and **one** account will be created per organisation. The API Account is to enable provider’s Student Management Systems to interface with the eCAF system.

Terms and Conditions for access to department data systems

Privacy Obligations

The [Higher Education Support Act 2003 \(HESA\)](#) provides penalties for officers who use information obtained or created for the purposes of Chapter 2, 3 or 4 or Schedule 1A of HESA outside the course of their official employment. The maximum penalty for contravening this requirement is two years imprisonment.

Similar penalties apply under the [VET Student Loans Act 2016 \(VSL Act\)](#) if an officer uses or discloses personal information in their employment and the use or disclosure is not authorised or required by law, or if it is not for a permitted purpose, or if the officer causes any unauthorised access to or modification to the personal information.

Personal information must be properly handled in accordance with relevant privacy requirements under HESA, the VSL Act and the [Privacy Act 1988 \(Privacy Act\)](#).

Individual credentials are issued to enable access to department system environments. Users are required to securely manage access to these environments.

Each officer is accountable for all actions undertaken using their logon IDs / passwords.

If the user, or any third-party for which the user is responsible, breaches any part of the terms for the issuing of production credentials, then the department may, at its sole discretion, withdraw or restrict system access.

Certification

I certify that:

- I must comply with the Australian Privacy Principles in the Privacy Act and ensure suitable security arrangements exist for all records containing personal information.
- I must comply with the requirements in HESA and the VSL Act in respect to the management of personal information.
- I am responsible for ensuring my access is terminated within 24 hours when my work commitments no longer require this access.
- I am listed as a Contact in the HITS Contact List **OR**
- If 3rd party SMS provider, I have provided written approval from the relevant Approved Provider.

(Please attach written approval with this signed request form)

Applicant Declaration

I have read and agree to the Terms and Conditions for access to the Government eCAF system. Applicant’s signature:

X

Date:

Institution Authorisation

Manager/Supervisor:
 Phone no:
 Manager/Supervisor’s signature:

X

Date:

Departmental use only

Manager:
 Signature:

X

Date: