

CIS – Position Assignment Modification

- The information in this form must be entered in the Care Identity Service (CIS) in the event CIS is not being used to request the modification of a position assignment.
- All mandatory fields must be completed to complete this process.
- Reason for position assignment modification must be completed and inputted in the Notes field in Care Identity Service.
- Please use additional forms when needing to amend positions belonging to multiple organisations.

Please complete the following mandatory fields in **BLOCK CAPITALS**:

User Name	User Smartcard UUID number

Organisation Name	Organisation Code

Position Name	Add/ Remove	Reason for position assignment modification	Position Assignment Start Date*	Position Assignment End Date*

* If the dates are left blank the profile starts now and ends at the CIS default end date (10 years).

RA / Sponsor declaration (To be entered in the Notes field in CIS when entered by another RA)

I confirm the **Position** amendment(s) detailed in this form are correct and can be made to the user above.

RA / Sponsor Name:	
RA / Sponsor UUID:	
Date completed:	