

Difficult To Fill Vacancy Survey – Access Policy

Eligibility

Management employees of HEABC member organizations whose applications for access have been approved are eligible to receive access rights to the Difficult To Fill Vacancy Survey (DTFVS). Clerical employees of HEABC member organizations are also eligible to receive access for data-entry purposes.

Approval Process

Approval takes place at two levels:

- 1) **Within the applicant's organization** – the completed application form must be authorized by one of the following: the applicant's Chief Human Resource Officer, Chief Executive Officer, or Administrator.

If the applicant is employed with one of the following members, their completed application forms must be approved by one of the authorized signing authorities noted below:

MEMBER	AUTHORIZED SIGNING AUTHORITY
Fraser Health	Geoffrey Crampton
Interior Health Authority	Diane Goossens
Northern Health Authority	Jane Lindstrom or David Williams
Providence Health Care	Zulie Sachedina, VP, Human Resources & Legal Counsel (St. Paul's Hospital)
Provincial Health Services Authority	Mark Allen or Andrea Karr
Vancouver Coastal Health	Anne Harvey
Vancouver Island Health Authority	Lynn Stevenson

- 2) **At HEABC** – HEABC reserves the right to approve or deny access to the DTFVS.

Applications that are not properly authorized will not be processed and the applicant will be notified accordingly.

Application Forms

There are two different application forms, the “DTFVS – Application Form” and the “DTFVS – Addition Form”.

- The “DTFVS – Application Form” is to be used when **initially applying** to gain access to the survey.
- The “DTFVS – Addition Form” is to be used when a user has already been granted access to the DTFVS but wishes to have access to report/view **additional** member organizations.

How HEABC Grants Access

Once a completed application/addition request is received by HEABC, it will take approximately three to five working days to process. HEABC will contact the applicant with their personal and confidential username and password or to confirm their request to add additional member organizations. The mode of contact (voicemail/email/direct) is up to the applicant and should be noted in the space provided on the form. Applicants are granted access to the DTFVS as an employee of the HEABC member organization they apply with. Should they leave the employment of that member organization, their individual access to the DTFVS will be revoked. Users that are granted access to the DTFVS are limited to request access to member organizations that are within their employer's legal organization only.

Removing A Member Organization From Your Access List

Should you need to remove a member organization from your access list, please send your request for removal via e-mail to Rick Nguyen at RickN@heabc.bc.ca or via fax to 604.736.2715. Please ensure you indicate your name, position, and the organization you applied with.

HEABC Contact

Inquiries regarding access, application forms, usernames, and passwords to the DTFVS should be directed to Rick Nguyen. Inquiries regarding access or how to complete the DTFVS should be directed to Grestis Isac.

Rick Nguyen

Information Analyst
Telephone: 604-736-5909 (local 293)
Facsimile: 604-736-2715
E-mail: RickN@heabc.bc.ca

Grestis Isac

Administration
Telephone: 604-736-5909 (local 306)
Facsimile: 604-736-2715
E-mail: dtfvs@heabc.bc.ca

Difficult To Fill Vacancy Survey – Application Form

Instructions: Please complete, sign, and have this application authorized, then fax to Rick Nguyen at 604.736.2715. Once received by HEABC, it will take approximately three to five working days to process and advise you of your username and password. **Each individual user** is required to submit a separate application. Please ensure that an authorized signing authority for your organization has approved your application (see the *Difficult To Fill Vacancy Survey – Access Policy* for details on who can act as an authorized signing authority). **Applications that are not properly authorized will not be processed.**

Applicant Information	
Full Name:	
Title/Position:	
Organization Legal Name:	
Organization Common Name:	
Phone Number:	
Fax Number:	
Email Address:	
Do you currently have access to HEABC's Members Only Website? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I would like to receive confirmation of my request via: <input type="checkbox"/> Voicemail <input type="checkbox"/> Email <input type="checkbox"/> Directly	
Member Organizations – Access Requested (Please use “Common Name”)	
List below the organizations for which you wish to report and/or view data. Provide only the organization's “common name” and indicate whether you wish to have data-entry or view-only access for that organization. Please note that an applicant's access is limited to only the organizations within their employer's legal organization. Should you require access for more than six member organizations, please complete and have authorized the “DTFVS – Addition Form” and include it with your application. Data-Entry Access – This access allows a user to both view and enter data for the member organization(s) listed below. View-Only Access – This access allows a user to view data for the member organization(s) listed below.	
1.	<input type="checkbox"/> Data-Entry <input type="checkbox"/> View Only
2.	<input type="checkbox"/> Data-Entry <input type="checkbox"/> View Only
3.	<input type="checkbox"/> Data-Entry <input type="checkbox"/> View Only
4.	<input type="checkbox"/> Data-Entry <input type="checkbox"/> View Only
5.	<input type="checkbox"/> Data-Entry <input type="checkbox"/> View Only
6.	<input type="checkbox"/> Data-Entry <input type="checkbox"/> View Only
Applicant Signature	
<i>By signing this form, I agree that the username and password issued to me by HEABC is solely for my exclusive use and is not to be shared or distributed to others. Should I leave the employment of the HEABC member organization listed above, I will advise HEABC accordingly (Rick Nguyen at 604.736.5909 or RickN@heabc.bc.ca).</i>	
Applicant Signature:	Date:
Authorized Signing Authority	
Authorized By (Print Name):	Title:
Signature:	Date:
HEABC OFFICE USE ONLY	
Date:	
Username:	Password:
Confirmation Provided By: <input type="checkbox"/> Voicemail <input type="checkbox"/> Email <input type="checkbox"/> Directly	
Date:	
Additional Comments:	