



## **Difficult To Fill Vacancy Survey Access Policy**

### **Eligibility**

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).

### **Approval process**

The completed application form must be authorized by one of the following: the applicant’s Chief Human Resource Officer, Chief Executive Officer, Vice President, or Administrator.

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

### **Application forms**

The “DTFVS Application Form” is to be used when **initially applying** to gain access to the survey upload website.

### **How HEABC grants access**

Once a completed application 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) 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 Joanna Gray [Joanna.Gray@heabc.bc.ca](mailto:Joanna.Gray@heabc.bc.ca), Shoko Lutic-Hotta [Shoko.Lutic-Hotta@heabc.bc.ca](mailto:Shoko.Lutic-Hotta@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, and extract upload at DTFVS website should be directed to staff below.

#### **Joanna Gray**

Senior HRIS Analyst  
[Joanna.Gray@heabc.bc.ca](mailto:Joanna.Gray@heabc.bc.ca)  
Phone: 604-714-2272  
Fax: 604-736-2715

#### **Shoko Lutic-Hotta**

Database Analyst  
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Phone: 604-714-2293  
Fax: 604-736-2715

## Difficult To Fill Vacancy Survey Application Form

**Instructions:** Please complete, sign, and have this application authorized, then fax to Joanna Gray 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:	
I would like to receive confirmation of my request via: <input type="checkbox"/> Voicemail <input type="checkbox"/> Email	
Member Organizations – Access Requested	
Check below the organizations for which you wish to report extract data. Please note that an applicant's access is limited to only their employer's legal organization.	
<input type="checkbox"/> Fraser Health Authority	<input type="checkbox"/> Interior Health Authority
<input type="checkbox"/> Northern Health Authority	<input type="checkbox"/> Providence Health Care
<input type="checkbox"/> Provincial Health Services Authority	<input type="checkbox"/> Vancouver Coastal Health Authority
<input type="checkbox"/> Vancouver Island Health Authority	
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 (Joanna Gray at 604.714.2272 <a href="mailto:Joanna.Gray@heabc.bc.ca">Joanna.Gray@heabc.bc.ca</a> or Shoko Lutic-Hotta at 604.714.2293 <a href="mailto:Shoko.Lutic-Hotta@heabc.bc.ca">Shoko.Lutic-Hotta@heabc.bc.ca</a>).</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	Date:
Additional Comments:	

For assistance completing this form, please contact Joanna Gray at 604.714.2272 [Joanna.Gray@heabc.bc.ca](mailto:Joanna.Gray@heabc.bc.ca) or Shoko Lutic-Hotta at 604.714.2293 [Shoko.Lutic-Hotta@heabc.bc.ca](mailto:Shoko.Lutic-Hotta@heabc.bc.ca)