

SPEAR ORGANISATION REGISTRATION FORM - REFERRAL AUTHORITY

One form for each region if you are regionalised

- ❖ Please note that once these forms are complete, they should be returned by email to: spear.info@dse.vic.gov.au.

Organisation Name	
Region (If RA operates in regions, please identify the region, e.g. VICROADS - Ballarat)	
Address Line 1	
Address Line 2	
Suburb / Town	
Postcode	
Main Switchboard Telephone Number	
A.B.N.	
Email Address (The email address where SPEAR system notifications will be sent)	
Local Administrator (Name, telephone number and email address of organisation's SPEAR Local Administrator) Note: You may elect to have one Local Administrator for all regions or a Local Administrator for each region	Name: Contact Phone number: Email Address: Local Administrator for all Regions? Y/N or Local Administrator for this Region only? Y/N
List of Councils applicable to your region	

USER DETAILS

	First name	Last name	Phone Number	Direct work Email address	Access Type (standard/general or password)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					

NOTES:

Don't forget to include user details for your SPEAR Local Administrator also (if they are to also use SPEAR)

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