Recommendation of Sponsor Form

This form is to be completed in line with the requirements in the Information Management Governance Policy.

# Information Asset Details

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| **Information Asset Details** |
| Information Asset Name | Enter asset name |
| Information Asset Allocation | Select allocation. |

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| **Steward Details** |
| Position | Enter position title |
| Occupant Name | Enter Steward name |
| Division / Health Service Provider | Select division / HSP | Division name | Enter division name |
| Email | @health.wa.gov.au |
| Phone | (08) 0000-0000 |

# Sponsor Candidate Details

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| **Appointment Terms** |
| Reason for appointment | Select reason |
| Appointment type | Select appointment type |
| Sponsor allocation | Select Sponsor allocation | Site / Region | Enter site or region name |
| Sponsorship commences | \_\_\_/\_\_\_/\_\_\_\_\_ |
| Sponsorship ceases | \_\_\_/\_\_\_/\_\_\_\_\_ *Not required for permanent appointments.* |

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| **Sponsor Details** |
| Position | Enter position title |
| Occupant Name | Enter Sponsor name |
| Division / HSP | Select division / HSP |
| Email | @health.wa.gov.au |
| Phone | (08) 0000-0000 |

# Recommendation

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| **Sponsor Agreement** |
| I agree to perform the role of the Sponsor in accordance with all relevant policies, regulations and legislation and within the conditions and limitations of the delegated functions and powers of a Sponsor.  |
| Signed | \_\_\_/\_\_\_/\_\_\_\_\_ |

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| **Steward Recommendation (To be completed for Local Steward Recommendations only)****For Systemwide Steward recommendations do not complete and send form to:** RoyalSt.PSPInfoManagement@health.wa.gov.au |
| As the Steward of the above Information asset/s, I recommend the appointment of the Sponsor for the documented term, scope and where specified, site or region. |
| Signed | \_\_\_/\_\_\_/\_\_\_\_\_ |