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**Network File / Folder Access request**

This form is used to request access to a new or existing network folder. \*Denotes mandatory fields or sections. **Incomplete forms will be returned to sender. All sections can be completed by typing the required information in Microsoft Word and using the *TAB* key to move from field to field.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **\*User Details** | | | | **HSE**  **Tusla** | | | **Or Agency / Contractor**  **Please specify service provider name:** | | | | | | | | **If this user is sourced from a third party service provider, the provider must have a current Data Processing Agreement (DPA) with the HSE in order to be provided with access. If No, then please refer to Healthservice.ie Third Party section for information on what to do -** [**Link**](https://healthservice.hse.ie/staff/benefits-services/it-support/request-forms.html) | | | | | | | | | | **Tick Yes to confirm DPA in place if agency or contractor**  **Y  N\A** |
| **\*1 HSE Funded Agency :**  **Please specify:** | | | | | | | | | | | **1 Ifyou are a funded agency user, then a HSE Network Agreement form must be included with the access ticket request. The form is available for download and must be included in the same ticket for new access -** [**Link**](https://healthservice.hse.ie/filelibrary/staff/third-party-network-access-agreement.pdf) | | | | | | | | | | | | | | | |
| **\*First Name:** | | | | | | | | | | | | | | | | | **Last Name:** | | | | | | | | | |
| **Grade & Job Title:** | | | | | | | | | | | | | | | | | **HSE Landline / Mobile number:** | | | | | | | | | |
| **Location / work address (Full):** | | | | | | | | | | | | | | | | | | | | **Department:** | | | | | | |
| **Email address:** | | | | | | **Domain Logon User Name:**  **Note: Name format used for logging onto PC or laptop** | | | | | | | | | | | | | | | | **Your Network Domain:** | | | | |
| **\*Please summarise what your request is for:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2** | **New Share Setup** | | | | | | | | | **If more than one user requires access to this file share request, please complete the details on the page 2 of this form to ensure access and permissions are provided to all the relevant staff whom require access at this time.** | | | | | | | | | | | | | | | | |
| **I require a New National Share to be created: Yes** | | | | | | | | | | | | | **No** | | | | | **\*If No, please go to Section 3** | | | | | | | | |
| **\*Nominated Share Owner(s)/Manager(s):** | | | | | | | | | | | | | | | | | | **To Sanction Future Share Access Requests or Changes** | | | | | | | | |
| **\*What services will be using this share e.g. Mental Health?** | | | | | | | | | | | | | | | | | | **\*Proposed Network Share Name:** | | | | | | | | |
| **3** | | **Or Existing share / folder** | | | | | | | | | | | **Please use the following sample image of the path for a shared folder:** | | | | | | | | | | | | | |
| **You are advised to speak to a colleague to obtain the relevant details i.e. Server, share format / naming details before completing this section. You must ensure all details are completed as part of submitting this form. Omitting details will result in this request not being processed.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3a** | | | **Access to an existing share** | | | | **Or Access to an existing share and folder** | | | | | | | | | | | **\*Access Required: Read Only (RO):** | | | | | | | **\* Read Write (RW):** | |
| **\*Server Name:** | | | | | | **Share name:** | | | | | | | | | | | | | **\*Folder name:** | | | | | | | |
| **3b** | | | **Or Create a new folder within an existing share and get access to the new folder** | | | | | | | | | | | | **\*Access Required: Read Only (RO):** | | | | | | | | **Read Write (RW):** | | | |
| **\*Server Name:** | | | | | | | | | **\*Share name:** | | | | | | | | | | | | **\*New Folder name:** | | | | | |
| **4** | | | | **\*Line Manager responsibilities – HSE National IT Security Policy Declaration** | | | | | | | | | | | | | | | | | | | | | | |
| **I confirm that the HSE National IT Security Policies will be provided to the specified account holder.** | | | | | | | | | | | | **I confirm that I will get the specified account holder(s) to sign the** [**User Declaration**](#User_Declaration) **form (page 4 of this document). I will retain a copy of the signed declaration for audit purposes.** **The User Declaration form is not required to be sent to ICT.** | | | | | | | | | | | | | | |
| **HSE National IT Security Policies link**  [HSE ICT Policies](http://hsenet.hse.ie/Intranet/OoCIO/Service_Management/PoliciesProcedures/Policies/Policies.html) | | | | | | | | | | | | **These policies cover the correct and appropriate use of the Health Service Executive’s information Technology (I.T.) resources.** | | | | | | | | | | | | | | |
| **\*Senior Manager Name (Block Capitals):**  **Must be authorised by Grade VIII or higher - IT Access Control Policy** [**Link**](https://www.hse.ie/eng/services/publications/pp/ict/) | | | | | | | | | | | | | | | | | | **\*Grade / Job Title:** | | | | | | | | |
| **\*Telephone or Mobile:** | | | | | | | | | | | | | | **\*Email Address:** | | | | | | | | | | **\*Date:** | | |

**1 If your Personnel number is unavailable, specify ‘TBA’ in this field. Please update the Service Desk once your Personnel number has been advised**

**Network File / Folder Access request form**

**The following table relates to Section 2 on the previous page. Please complete details if there is more than one user who requires access to the new file share as part of this request:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Employee / Agency Number** | **Name** | **Email address** | **Logon**  **Username** | **2Domain** | **Access required**  Please specify either: | |
| **2*Domain: Please specify the domain the following user(s) is logging on with their domain credentials; Healthirl,***  ***DSHDOM (East), SE, West, NW, N, South, Midlands or MW.*** | | | | | | ‘**RW**’ (Read write)   * Can view and   edit data | *Or* ‘**RO**’ (Read Only)   * Can only view data |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |
| **Once completed and authorised, please email this form to your local Service Desk mailbox -**[**http://hsenet.hse.ie/OoCIO/Service\_Management/National\_Service\_Desk/NSD\_Contacts.html**](http://hsenet.hse.ie/OoCIO/Service_Management/National_Service_Desk/NSD_Contacts.html) | | | | | | | |

[](https://www.google.ie/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiZ05eTvZ3iAhXJSBUIHWIBCLUQjRx6BAgBEAU&url=https://www.hse.ie/eng/&psig=AOvVaw3P64EMEKfce2bGqHsdPsDv&ust=1558007700657446)

This form (page 4) is not required to be sent to ICT. The following relates to Line Manager’s responsibilities when new or amended access is requested and should be completed, signed and filed by your department.

User Declaration

I have read and understood the Health Service Executive’s policies governing the use of its ICT resources.

I agree to be bound by the terms therein.

I understand that I may be subject to the HSE’s disciplinary procedures should I fail to comply with said policies.

http://hsenet.hse.ie/Intranet/OoCIO/Service\_Management/PoliciesProcedures/Policies/Policies.html

Tick to denote agreement:

**Note: This form must be retained by the user’s account Manager for audit and**

**control purposes**