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 **System Access Request Form**

This form is used to grant and amend access to a HSE Information System. \*Denotes mandatory fields or sections. **All sections can be completed by typing the required information in Microsoft Word and using the TAB key to move from field to field.** The form must be completed by the requesting user and their Senior Line Manager.

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| --- | --- | --- | --- | --- | --- |
| **1** | **\*User Details** | **HSE [ ]  TUSLA [ ]**  | **HSE Funded Agency [ ]** **Please specify**       | **HSE Voluntary [ ]**  | **If your Personnel number is unavailable, please specify ‘TBA’ in this field. Please update the National Service Desk once your Personnel number has been advised** |
| **\*First Name:**       | **Middle Name:**       | **\*Last Name:**       |
| **\*HSE Personnel or Agency Number:**       | **\*Grade / Job Title:**       |
| **\*Phone / Ext. No/ Mobile (HSE):**      **Please provide a direct number in order for us to contact the employee** | **\*HSE email address:**        |
| **\*Department, full Location / work address:**       |
| **Computer Asset Tag:**       | **Domain Logon username:**       | **Note: Name format used for logging on to a PC, laptop or tablet to access the HSE Network** |
| **Please specify your professional registration number if applicable:** | **An Board Altranais Number:**       | **Medical Council Number:**       | **CORU Reg. Number:**       |

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| **2.**  | **\*Information System Details** |
| **\*New Access:** **[ ]**  | **\*Amend Current Access:** **[ ]  (If yes, ensure you specify network domain logon username in Section 1)**  |
| **\*HSE Information System(s) Name:**  | **\*Please Specify Level of User Access Required:** |
| **Query [ ]  Add [ ]  Delete [ ]  Update [ ]  Authorise [ ]  Other [ ]  - If Other Please Specify:**       |

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| **\* Please specify a colleague in your department with the same setup you require (their email address):**       |
| **3.** | **\*HSE 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 to sign the** [**User Declaration**](#User_Declaration) **form (page 2 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:** **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:**       |
| **Please attach this form to a NSD Self Service request ticket –** [**Link**](https://nsdselfservice.healthirl.net/SelfService.BridgeIT#dashboard) |

**Incomplete forms will be returned to sender**



This form (page 2) 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 purpose.**