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**Setup new or amend access to a Distribution List**

This form is used to setup new, grant or amend access to a HSE Distribution list. \*Denotes mandatory fields or sections. **Incomplete forms will be returned to sender.** The form must be completed by the requesting user and their Senior Line Manager. Please scan / email the form to your local Service Desk for a ticket to be logged. Additional forms are available

https://healthservice.hse.ie/staff/benefits-services/it-support/request-forms.html

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|  | **\*User Details** | **HSE**  **TUSLA** | **Agency / Contractor** | | **HSE Funded Agency**  **Please specify:** | | | **1 HSE Personnel Number OR Agency number:** |
| **1 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:** | | | | | **\*Last Name:** | | | |
| **\*Grade / Job Title:** | | | **\*HSE Email address:** | | | | | |
| **\*Department Name and Address (Full):** | | | | | | | | |
| **\*HSE landline telephone and / or HSE mobile number:** | | | | | | | | |
| **2.** | **New Distribution list details & permissions** | | | | | | | |
| **\*New Distribution list setup:** | | **\*Please specify the new Distribution list name:** | | | | | | |
| **It is recommended that two mailbox owners are nominated:** | | | | | **Please Specify Level of User Access Required:** | | | |
| **\* Distribution list owner 1:** | | | | | **Read only  Full access** | | | |
| **Distribution list owner 2:** | | | | | **Read only  Full access** | | | |
| **\*Please specify business case for setup:** | | | | | | | | |
| **3.** | **Specify email address for staff who require access to this new Distribution list**  **If additional staff required to be added, please include the details on a separate sheet and include with this form** | | | | | | | |
| **Email address** | | **Domain / Region** | | **Please Specify Level of User Access Required:** | | | | |
|  | |  | | **Read only  Full access** | | | | |
|  | |  | | **Read only  Full access** | | | | |
| **4.** | **Existing Distribution list – Amend or add access to an current Distribution list** | | | | | | | |
| **I require access to an existing Distribution list: Yes  No** | | | | **Please specify the existing Distribution list:** | | | | |
| **5.** | **\*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). I will retain a copy of the signed declaration for audit purposes.** | | | |
| **\*HSE National IT Security Policies link** [HSE ICT Policies](https://healthservice.hse.ie/staff/benefits-services/it-support/national-service-desk.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/Mobile Number:** | | | **\*Email address:** | | | | **\*Date:** | |
| **Once completed and authorised, please attach to a NSD Self Service request ticket –** [**Link**](https://nsdselfservice.healthirl.net/SelfService.BridgeIT#dashboard) | | | | | | | | |

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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.

https://healthservice.hse.ie/staff/benefits-services/it-support/national-service-desk.html

Tick to denote agreement:

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