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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**