**Third Party HSE Sponsor change Request Form**

This form is used to request a change to the HSE sponsor associated with an existing third party domain account on the HSE network. All third party access to the HSE network must be sponsored by a HSE Information Owner or his / her nominee. This form must be completed by the HSE sponsor and sent to the National Service Desk for a ticket to be logged and processed. ***You must ensure the third party* have signed the HSE Service Provider Data Processing Agreement. Please also refer to the** [HSE Standard Terms for ICT Services and Supplies](https://www.hse.ie/eng/services/publications/pp/ict/hse-standard-terms-for-information-communications-technology-supplies-and-services.pdf)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **\*Third party Company details** | | | | | | | |
| **\*Company name** | | | | | **\*Contact name:** | | | |
| **\*Address:** | | | | | | | | |
| **\*Company Telephone number:** | | | | | **\*Contact email address:** | | | |
| **HSE current DPA version received and approved by the HSE Senior Security Officer (Must be Yes): Yes** | | | | | | | | |
| **2** | | **\*Existing Third party accounts that require HSE sponsor amendment** | | | | | | |
| **UserName (1):** | | | | | **Location:** | | **Contact Number:** | |
| **UserName (2):** | | | | | **Location:** | | **Contact Number:** | |
| **UserName (3):** | | | | | **Location:** | | **Contact Number:** | |
| **UserName (4):** | | | | | **Location:** | | **Contact Number:** | |
| **UserName (5):** | | | | | **Location:** | | **Contact Number:** | |
| **3** | | **\*Existing HSE sponsor details** | | | | | | |
| **\*HSE Sponsor name:** | | | | | | **\*Grade / Job Title:** | | |
| **\*Email Address:** | | | | **\*Telephone or Mobile:** | | | | |
| **4** | | **\*New HSE Sponsor Details (To be completed by the HSE Information owner)** | | | | | | |
| **I confirm that the HSE Third Party Network Access Agreement and Service Provider Data Processing Agreement (DPA) have been completed and submitted.** | | | | | **\*Grade / Job Title:** | | | |
| **\*Senior Manager Name and sponsor:**  **Must be authorised by Grade VIII or higher - IT Access Control Policy** [**Link**](https://www.hse.ie/eng/services/publications/pp/ict/) | | | | | **\*Email Address:** | | | **\*Date:** |
| **\*Telephone or Mobile:** | | | **\*Work Address:** | | | | | |
| **Once completed and authorised, please attach to a NSD Self Service request ticket –** [**Link**](https://nsdselfservice.healthirl.net/SelfService.BridgeIT#dashboard)  **If you do not have access to the NSD Self Service facility, please attach and send to eHealth.**[**NationalServiceDesk@hse.ie**](mailto:NationalServiceDesk@hse.ie) | | | | | | | | |

**Incomplete forms will not be processed and returned to the sender**