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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) | | | | | | | | | | | | | | | |
| **\*2 HSE Personnel or Agency Number:** | | | | | | | | | **2 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.** | | | | | | | | | | | | | | | |
| **Tick this box if you are a new employee (Never worked in the HSE before) <= 2 months  Start date:** | | | | | | | | | | | | | | | **Or** | | **Job or role change? : Y  N**  **Transfer from one region to another: Y  N** | | | | | | | |
| **\*First Name:** | | | | | | | **Middle Name:** | | | | | | | | | | | | | **\*Last Name:** | | | | |
| **\*Grade / Job Title:** | | | | | | | | | | **\*Phone / Ext. No / Mobile (HSE):**  **Please provide a direct number in order for us to contact the employee** | | | | | | | | | | | | | | |
| **\*Department, full location / work address:** | | | | | | | | | | | | | | | | | | | **Computer Asset Tag:** | | | | | |
| **Please specify your professional registration number if applicable:** | | | | | **An Board Altranais Number:** | | | | | | | | **Medical Council Number:** | | | | | | | | **CORU Reg. Number:** | | | |
| **\*Have you previously worked in the HSE or Tusla? Note: This includes if you worked as a contractor, placement or student in the HSE.** | | | | | | | | | **Y  N** | | | **If Yes, please specify where:** | | | | | | | | | | | | |
| **\*Please tick what you require:** | | | | | | | | **Domain Username:** | | | **A domain username allows you to log onto a PC or laptop to access the HSE network.** | | | | | | | | | | | | **Email Address:** | |
| **\*Have you ever had a @hse.ie or @tusla.ie email address?** | | | | | | | | | **Y  N** | | | **If Yes, please specify the email address:** | | | | | | | | | | | | |
| **\*Please specify a colleague in your department with the same setup you require (their email address):** | | | | | | | | | | | | | | | | | |  | | | | | | |
| **\*Do you need access to an existing shared mailbox?** | | | **Y  N** | | **If Yes, please specify shared mailbox name:** | | | | | | | | | | | | | | | | | **Mailbox owner notified: Y** | | |
| **If Yes, please specify access required: Read Only  Read / Send access  Send on behalf** | | | | | | | | | | | | | | | | | | | |
| **Do you need access to an existing Public Folder calendar? Note: No new Public Folders will be setup** | | | | | | | | | **Y  N** | | | **If Yes, please specify name of Public folder:** | | | | | | | | | | | | |
| **Do you need access to an existing Distribution list?** | | | | | **Y  N** | | | | **If Yes, please specify name of the Distribution list:** | | | | | | | | | | | | | | | |
| **Do you need access to an existing Shared network folder?** | | | | | **Y  N** | | | | **Please use the following sample of the path for a shared folder:**  **\Share name\\Server name\ (Drive Letter) OR \\Server name\Share name** | | | | | | | | | | | | | | | |
| **Access to an existing share**  **Y  N** | | **Or Access to an existing share and folder**  **Y  N** | | | **Server Name:** | | | | **Share Name:** | | | | | | | | **Folder Name:** | | | | | **Access Required:**  **Read Only (RO)**  **Read/Write (RW)** | | |
| **2** | **\*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 from is not required to be sent to ICT.** | | | | | | | | | | | | | | | |
| **HSE National IT Security Policies link**  [**HSE ICT Policies**](https://www.hse.ie/eng/services/publications/pp/ict/) | | | | | | **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:** | | | | | | | |

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.

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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://www.hse.ie/eng/services/publications/pp/ict/>

Tick to denote agreement:

**Name:**

**Signed:**

**Date:**

**Note: This completed page must be retained by the user’s Line Manager for audit and control purposes and does not have to be provided as part of the ticket submission.**