**Enable, Disable, Modify or Remove ICT Access**

This form is used to disable, remove, change or enable access for a specified account holder and access privileges to the domain (network), email and or / system. \*Denotes mandatory fields or sections**. All sections must be completed by typing the required information in Microsoft Word and using the TAB key to move from one box to the next.**

**Note: Management must ensure that all items, ICT equipment, devices (including, mifi and phone / smartphone) and access to premises are returned / disabled as part of removal access responsibilities.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **\*Account holder details** | | | | | **HSE**  **Tusla** | | | | | **Agency / contractor** | | | | **Third party** |
| \***First name:** | | | | \***Last name:** | | | | | | | \***HSE Personnel or Agency number:** | | | | |
| \***Grade / Job Title:** | | | | | | | | | | | \***HSE email address:** | | | | |
| \***Phone / Ext. No. / Mobile (HSE):** | | | | | | | | | | | \***Windows login username:** | | | | |
| \***Reason for disabling, removing or modifying access:** | | | | | | | | | | | | | | | |
| **2** | **\*Action required**  **Select one option only** | | | **Disable access request:** | | | | | | | **Or Delete access request:** | | | | |
| **2A** | **Disable or Delete access from the following date:** | | | | | | | | | **Tick all appropriate access to remove or disable** | | | | | |
| **Domain (network):** | | | **Email address:** | | **Shared mailbox:** | | | | **Sharefile:** | | | **Remote access:** | | **Network folder access:** | |
| **O365 applications (e.g. MS Teams):** | | | | | **Enter name of system(s) that user access to be disabled or removed:** | | | | | | | | | **Other:  Please specify:** | |
| **2B** | **Or Modify access - remove access to specific applications, email or folder(s)**  Complete this section when a user’s access / permissions are no longer required e.g. when their role changes or they transfer to another HSE department. **Note: If completing this section, please also complete page 2 information.** | | | | | | | | | | | | | | |
| **Modify access from the following date:** | | | | | | | **Folder access:  Folder name:** | | | | | | | | |
| **Shared mailbox:  Mailbox name(s):** | | | | | | | **System(s):  Please specify:** | | | | | | | | |
| **Other:  Please specify:** | | | | | | | | | | | | | | | |
| **2C** | **Or Enable account / access**  **Note: Note: If completing this section, please also complete page 2 information.** | | | | | | | | | | | | | | |
| **Domain account:** | | **Email address:** | | | **System(s):  Please specify:** | | | | | | | | | | |
| **Business case:** | | | | | | | | | | | | | | | |
| **3** | **\*Line Manager responsibilities** | | | | | | | | | | | | | | |
| **I confirm that this access change has been checked and verified by the HR department on behalf of the original account holder. This access change is approved and does not cause any HR issue between the account holder and manager. Please tick** | | | | | | | | | | | | | | | |
| \***Line Manager Name:** | | | | | | | | \***Grade / Job Title:** | | | | | | | |
| \***HSE Telephone or mobile:** | | | | | | | | \***Email address:** | | | | | \***Date:** | | |
| Once completed and authorised, please attach a copy of this form to a Ivanti self service request ticket (accessible from your desktop) | | | | | | | | | | | | | | | |

The completed page (page 2) is not required to be sent to ICT. It is applicable, if you have completed section 2B or 2C in this form. 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 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 form must be retained by the user’s Line Manager for audit and control purposes.**