**Third Party Access Request Form – Standard account**

This form is used to request third party domain account to the HSE network. All requests for 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 the third party 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)

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| **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** | **\*Third party personnel details who require an account** |
| **Name (1):**       | **Location:**        | **Contact Number:**       |
| **Name (2):**       | **Location:**        | **Contact Number:**       |
| **Name (3):**       | **Location:**        | **Contact Number:**       |
| **Name (4):**       | **Location:**        | **Contact Number:**       |
| **Name (5):**       | **Location:**        | **Contact Number:**       |
| **3** | **\*Account requirements** |
| **Standard domain account: Yes [ ]**  | **HSE email address: Yes [ ]  No [ ]**  |
| **4** | **\*Access details** |
| **Business justification for access:** |       |
| **Type of Access**  | **On site Access: Yes [ ]  No [ ]**  | **Remote Access: Yes [ ]  No [ ]**  | **Date Access is required from:**      **Date Access is required to:**       |
| **Please specify the Active Directory group membership name to be added to:**       |
| **Please specify which Information System(s) or I.T. Resources you require access to:**       |
| **5** | **\*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.**   |
| **\*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/) | **\*Grade / Job Title:**       |
| **\*Telephone or Mobile:**       | **\*Email Address:**       | **\*Date:**       |
| **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** |

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