

**PDW- System Access Request Form**

**Procurement Data Warehouse system**

This form is used to grant and amend access to a HSE Information System. The form must be completed (**Block Capitals**) by a user and signed by their line manager and the designated information owner. All Sections must be completed.

**Incomplete forms will be returned to sender**

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| **1** | **User Details** | **HSE** **[ ]  Student [ ]  Work placement [ ]  Agency [ ]**  |

|  |  |  |
| --- | --- | --- |
|  **Name:**       |  **Personnel No:**       |  **Work Contact No:**       |
|  **Domain Name:**       |  **Logon Username:**       |  **Email Address:**       |
|  **Grade / Job Title:**       |  **Location:**       |  **Department:**       |
| **2** |  **Information System Details** |
| **HSE Information System(s) Name: Procurement Data Warehouse (PDW)** |
| This system contains information from suppliers regarding product data and prices. This system and the information contained therein and any files attached or referenced are confidential and commercially sensitive, the information is therefore intended solely for the use of the HSE individual to whom has been granted access and should not be disclosed to outside agencies or any non HSE personnel. |
|  **1 I require New Access – Please tick your Domain** |  **Note Service Desk Support, please add to one of the following AD groups:** |
| **Domain: MHB**  |  | Midlands | MHB\National\_CIFProcurementDW |
| **Domain: MW** |  | MidWest | MW\CIF-ProcurementDW |
| **Domain: HQD01** |  | North East | HQD01\National\_CIFProcurementDW |
| **Domain: SEHB** |  | South East | SEHB\CIF\_ProcurementDW |
| **Domain: WHB** |  | West | WHB\N\_CIF-ProcurementDW |
| **Domain: DSHDOM** |  | East | DSHDOM\CIF-ProcurementDW |  |
| **Domain: NWHBNT** |  | NorthWest | NWHBNT\N\_CIF-ProcurementDW\_RW |  |
| **Domain: SOUTH** |  | South | SOUTH\CIF-ProcurementDW |  |
| **Domain: HEALTHIRL** |  | Healthirl | HEALTHIRL\CIF-ProcurementDW |  |
| **3** |  **User Declaration (Signatures must be handwritten)** |
| I have read and understood the statement above and the Health Service Executive’s policies available from <https://www.hse.ie/eng/services/publications/pp/ict/> governing the use of its I.T. 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 these policies. |
| **Name:**       | **Grade / Job Title:**       | **Date:**       |
| **4** |  **Authorisation (Signatures must be handwritten)** |
| **Senior Manager Name:**      **\*Must be authorised by Grade VIII or higher - IT Access Control Policy** [**Link**](https://www.hse.ie/eng/services/publications/pp/ict/) | **Designated Information Owner:**      **(Authorised Signatory for Procurement Data Management Unit)** |
| **Email address:**       | **Email address:**       |
| **Telephone / Mobile:**       | **Telephone / Mobile:**       |
| **Date:** |  |  |  |  |  |  | **Date:** |  |  |  |  |  |  |
| **Once completed and authorised, please attach to a NSD Self Service request ticket –** [**Link**](https://nsdselfservice.healthirl.net/SelfService.BridgeIT#dashboard) |