|  |  |  |  |
| --- | --- | --- | --- |
| **FROM Current Owner Name:** |  | **TO New Owner**  **Name:** |  |
| **NEW Employee Number:** |  | **NEW USER Job Title/ Department:** |  |
| **NEW USER HSE Billing Address & Eircode:** |  | **NEW USER HSE Email Address:** |  |
| **NEW USER Alternative Telephone Number:** |  | **New User Domain Username &**  **Domain:** |  |
| **NEW USER DETAILS : PLEASE TICK AS APPROPRIATE** | | | |
| * Current Owner email address: * New User Department:HSE Cost Code: * Alternative number for new user: * Does the user have the reallocated handset: Y/N: * New User Name: * New User email address:      New User postal address: * Re Allocation HSE mobile phone number: * IMEI Number of the Smartphone: * Make/model of device: | | | |
| **USER DECLARATION** | | | |
| I have read and understood the Health Service Executive’s policies governing the use of its I.T. resources and 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  Please copy link below into your web browser  https://www.hse.ie/eng/services/publications/pp/ict/i-t-acceptable-use-policy.pdf  Employee Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **LINE MANAGER APPROVAL** | | | |
| Line Manager Name:  Line Manager Email Address:  Line Manager Contact Telephone Number:  Line Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **GENERAL MANAGER APPROVAL** | | | |
| General Manager Name:  General Manager Email Address:  General Manager Contact Telephone Number:  General Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |