**Citrix Cloud Remote Access Request**

This form is used to **Request off Premise Citrix Cloud Remote access** (other types of access will not be processed with this request) to the HSE Domain and IT Resources. All such requests must be completed by a HSE Information owner or his/her nominee. Please send completed forms to the National Service Desk. There are 3 pages to this form.

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| **1** | **\*User Details** | | | | **Third Party Service Provider or Vendor** | | | | | | | | | | **Non Third Party Service Provider or Vendor** | | | |
| **\*First Name, Last Name** | | | | | | | | | | | | | **\*Address :** | | | | | |
| **\* Business Email Address :** | | | | | | | | | | | | | | | | | | |
| **\*Mobile Number:** | | | | | | | | | **\*Do you have on Premise NHN \VPN access currently: Yes**  **No** | | | | | | | | | |
| **\*Do you have existing HSE Third Party Elevated Account?** | | | | | | | | | **Yes  No** | | | | | **If Yes, provide domain\username:** | | | | |
| **If No to question above, a new Elevated account is required? Yes** | | | | | | | | | | | **Note: By ticking ‘Yes’, a new Elevated account will be created** | | | | | | | |
| **2** | | **\*Remote Access Details** | | | | | | | | | | | | | | | | |
| **\*Request type (Tick)** | | | | | | **Business Application** | | | | | | | | | | **Server Access** | | |
| **\*Name (Business and\or Server(s):** | | | | | | **Application(s):**  **See Table on Page 3 to list addition Applications** | | | | | | | | | | **Server(s):**  **See Table on Page 3 to list addition Servers** | | |
| **\*Please Tick if you request to Install/Modify/Change/Delete the following:-**   |  |  | | --- | --- | | **Local Services** |  | | **Group Policy** |  | | **Software** |  | | **Server Settings** |  | | **System Properties** |  | | | | | | | **\*Please Tick the following:**   |  |  | | --- | --- | | **Do NOT Reboot Server without HSE Change Management** |  | | **Do NOT add other AD accounts to the Local Server Administrator Group** |  | | **Do NOT Delete a Disk via Computer Management** |  | | **Do NOT Install software on the server without prior HSE authorisation** |  | | | | | | | | | | | | | |
| **\* Please provide a DETAILED reason why you request Local Admin on the Server:** | | | | | |  | | | | | | | | | | | | |
| **3** | | **\*Third Party Company Details** | | | | | | | | | | | | | | | | |
| **\*Company Name and Address:** | | | |  | | | | | | | | | | | | | | |
| **\*Company Telephone No:** | | | |  | | | | | | | | | | | | | | |
| **4.** | | | **\*HSE Sponsor Details – 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 form is not required to be sent to ICT.** | | | | | | | | | | | |
| **HSE National IT Security Policies link**  [HSE ICT Policies](http://hsenet.hse.ie/Intranet/OoCIO/Service_Management/PoliciesProcedures/Policies/Policies.html) | | | | | | | **These policies cover the correct and appropriate use of the Health Service Executive’s information Technology (I.T.) resources.** | | | | | | | | | | | |
| **HSE SPONSOR NAME:** | | | | | | | | | | **\*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**](mailto:NationalServiceDesk@hse.ie) | | | | | | | | | | | | | | | | | | |
| **Incomplete forms will not be processed and returned to the sender** | | | | | | | | | | | | | | | | | | |
| **Application Name** | | | | | | | | | | | | **Server Name** | | | | | |
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This form (page 3) 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.**