**Request to connect Non-ICT Equipment to HSE Network**

**You may require the vendor to assist with section. You must ensure that the following is completed prior to completing and submitting the form:**

**(1) That they signed a copy of the HSE Third Party Network Access Agreement. (2) They have signed the HSE Service Provider Data Processing Agreement. (3) The device being connected to the HSE Network has appropriate up to date AV (anti-virus) installed on the device and (4) The device is patched to appropriate level. https://www.hse.ie/eng/services/publications/pp/ict/**

|  |  |  |
| --- | --- | --- |
| **1** | **\*Equipment details** | |
| **Equipment Location:** | |  |
| **Make/Model:** | |  |
| **Asset Number, Serial Number, or Mac Address:** | |  |
| **Operating System:**  **\*Must be WIN10** | |  |
| **Reason for Connection:** | |  |
| **AntiVirus installed and patched** | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2** | **\*Supplier details** | | | |
| **Company Name:** | |  | **Company Work Address:** |  |
| **Contact Name:** | |  | **Contact Number:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3** | **\*Local HSE contact details** | | | |
| **Contact Name:** | |  | **Department:** |  |
| **Email Address:** | |  | **Contact Number:** |  |

**Terms and Conditions:**

**It is understood that the equipment in question is not covered or supported by the standard HSE ICT support mechanisms as it has not been acquired under HSE ICT contracted arrangements and that connection to the HSE network is being provided to facilitate a specified business requirement.**

**It is recognised that this equipment must be subject to regular anti-virus updates, in addition to security patch deliveries. It is accepted that any machine malfunction or disruption to service occasioned by the above will result in the device being disconnected from the HSE network.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4** | **\*Requestor details** | | | |
| **Name:** | |  | **Email Address:** |  |
| **Role:** | |  | **Date:** |  |

**Once completed and authorised, please attach the form to a Self Service ticket for processing or alternatively email the National Service Desk.**