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**Electronic Device Request Form**

This form is used to request the purchase of IT Equipment. The form must be completed (Block Capitals) by the requesting user and budget holder and forwarded to your local ICT Helpdesk (ICT Directorate).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Requestor Details** | | | | | | | | | |
| **First Name:** | | | **Last Name:** | | | | **Personnel No:** | | |
| **Grade / Job Title:** | | | **eMail Address:** | | | | **Phone Number:** | | |
| ***Department:*** | | | ***Full Address:*** | | | | | | |
| ***Logon User Name:*** | | |
| ***Alternative Contact*** | | | | | | | | | |
| **Name:** | | | **Phone Number:** | | | **eMail Address:** | | | |
| **Electronic Device Details** | | | | | | | | | |
| **Mobile/Smartphone:** | | **❑** New Connection **❑** Replacement **❑** Upgrade (please state your mobile number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Mobile Data Access:** | | **❑** Dongle/USB Data Cards **❑** MiFi Hotspot **❑** Secure ID Keyfob | | | | | | | |
| **Tablet Device:** | | **(**If requesting a Tablet, the completed form must be emailed to ICT.Tablets@hse.ie) | | | | | | | |
| **Encrypted USB:** | | **❑** Standard | | | | | | | |
| **Other (eg Lync Headset / Webcam)** | |  | | | | | | | |
| **Business Reason:** | |  | | | | | | | |
| **Approval and Cost Code** | | | | | | | | | |
| **Department Cost Code:** |  | | | | | | | | |
| **Budget Holder Name:** | | | | | **Budget Holder Signature:** | | | | **Date:** |
| **Signature of RDPI or Assistant National Director:** | | | | |  | | | | |
| **User Declaration** | | | | | | | | | |
| I have read and understood the Health Service Executive’s policies (<http://hsenet.hse.ie/OoCIO/Service_Management/PoliciesProcedures/Policies/HSE_I_T_Acceptable_Use_Policy.pdf>) 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. | | | | | | | | | |
| **Name:** | | | | **Signature:** | | | | **Date:** | |

**Incomplete forms will be returned to sender**