|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Employee Number: |       |
| HSE Email Address:  |       | Contact Telephone Number:  |            |
| Domain Username: |        | Domain: |       |
| HSE PostalDelivery Address & Eircode: |       | HSE Billing Address & Eircode: |       |
| **MFI CONNECTION TYPE REQUIRED: PLEASE TICK AS APPROPRIATE** |
| * I require a new MIFI device - ( I never previously owned a MIFI device) Yes [ ]
* Replacement MIFI Device – I lost or my MIFI was stolen Yes [ ]
* HSE MIFI Number:
 |
| **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 maybe subject to the HSE’s disciplinary procedures should I fail to comply with these policies (<http://hsenet.hse.ie/OoCIO/Service_Management/PoliciesProcedures/Policies/HSE_I_T_Acceptable_Use_Policy.pdf>)  Employee Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **LINE MANAGER APPROVAL**  |
| Line Manager Name:       Line Manager Email Address:       Line Manager Contact Telephone Number:      HSE Cost Code:       Pillar:       Line Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **GENERAL MANAGER APPROVAL**  |
| General Manager Name:       General Manager Email Address:       General Manager Contact Telephone Number:       General Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |