|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Employee Number: |  |
| HSE Email Address: |  | Contact Telephone Number: |  |
| Domain Username: |  | Domain: |  |
| HSE Postal  Delivery 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 may be 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |