|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Employee Number |       |
| Job Title: |       | Department: |       |
| HSE Email Address:  |       | Contact Telephone Number:  |            |
| Domain Username: |        | Domain: |       |
| HSE PostalDelivery Address & Eircode: |       | HSE Billing Address & Eircode: |       |
|  **INTERNATIONAL VOICE & DATA ROAMING WHILE ABROAD: PLEASE TICK AS APPROPRIATE** |
| * Roaming for which device : Smartphone [ ]  Talk & Text Mobile [ ]  Mifi [ ]
* Date Effective From:       End Date:
* HSE Smartphone / Mifi Number:
* Work purposes or other:
* Voice Roaming enabled [ ]  / Data Roaming enabled [ ]
* Travelling to: UK [ ]  EU [ ]  Non EU [ ]  (Please Specify Location ):
 |
| **APPLICATION FOR INTERNATIONAL DIALLING FROM IRELAND: PLEASE TICK AS APPROPRIATE** |
| * Date Effective From:       End Date:
* HSE Smartphone Number:
* Work purposes or other:
 |
| **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 Please copy link below into your web browser https://www.hse.ie/eng/services/publications/pp/ict/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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |