**Third Party Access Request Form**

This form is used to request third party access to the HSE Network domain and I.T. Resources. All requests for third party access to the HSE network must be sponsored by a HSE Information Owner or his / her nominee.

This form must be completed by the HSE sponsor and the third party and sent to the National Service Desk for a ticket to be logged and processed.

***You must ensure that the following is completed prior to completing and submitting this 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. Please also refer to the** [HSE Standard Terms For ICT Services and Supplies](https://www.hse.ie/eng/services/publications/pp/ict/hse-standard-terms-for-information-communications-technology-supplies-and-services.pdf)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **\*Third party Company details** | | | | | | | | | | | |
| **\*Company name** | | | | | | | | **\*Contact name:** | | | | |
| **\*Address:** | | | | | | | | | | | | |
| **\*Company Telephone number:** | | | | | | | | **\*Contact email address:** | | | | |
| **2** | | **\*Third party personnel details who require an account** | | | | | | | | | | |
| **Name (1):** | | | | | | **Location:** | | | | **Contact Number:** | | |
| **Name (2):** | | | | | | **Location:** | | | | **Contact Number:** | | |
| **Name (3):** | | | | | | **Location:** | | | | **Contact Number:** | | |
| **Name (4):** | | | | | | **Location:** | | | | **Contact Number:** | | |
| **Name (5):** | | | | | | **Location:** | | | **Contact Number:** | | | |
| **3** | | **\*Access details** | | | | | | | | | | |
| **Business Justification for access:** | | | | |  | | | | | | | |
| **Type of Access** | | | | **On site Access: Yes  No** | | | **Remote Access: Yes  No** | | | | **Date Access is required from:**  **Date Access is required to:** | |
| **Please specify the Active Directory group membership name to be added to:** | | | | | | | | | | | | |
| **Please specify which Information System(s) or I.T. Resources you require access to:** | | | | | | | | | | | | |
| **4** | | | **\*HSE Sponsor Details (To be completed by the HSE Information owner)** | | | | | | | | | |
| **I confirm that the HSE Third Party Network Access Agreement and Service Provider Data Processing Agreement (DPA) have been completed and submitted.** | | | | | | | | | | | | |
| **\*Senior Manager Name and sponsor:**  **Must be authorised by Grade VIII or higher - IT Access Control Policy** [**Link**](https://www.hse.ie/eng/services/publications/pp/ict/) | | | | | | | | **\*Grade / Job Title:** | | | | |
| **\*Telephone or Mobile:** | | | | | | **\*Email Address:** | | | | | | **\*Date:** |
| **Once completed and authorised, please attach to a NSD Self Service request ticket –** [**Link**](https://nsdselfservice.healthirl.net/SelfService.BridgeIT#dashboard)  **If you do not have access to the NSD Self Service facility, please attach and send to OoCIO.** [**NationalServiceDesk@hse.ie**](mailto:NationalServiceDesk@hse.ie) | | | | | | | | | | | | |

**Incomplete forms will not be processed and returned to the sender**