**Service Desk Work Estimate form - Request for Service Operations (SO) Staff**

|  |  |
| --- | --- |
| **1** | **Project Requirements Summary**  |
| **Service Desk** **Ticket ref:** |       | **Project through 1PMO?** | **Yes [ ]**  | **Project ID:** |       | **PM (Project** **Manager):** |       | **BM (Business Manager):** |       |
| **Project Purpose** |       | **Or No 1PMO involvement?** | **[ ]**  |
| **Software / Application support**  | **None [ ]**  | **Vendor [ ]**  | **HSE System Support team [ ]  If ticked, please specify team name:**       | **Note: SO do not provide software or application support** |
| **Infrastructure Requirements:** | **None [ ]**  | **Server / space required [ ]**  | **New IP Address(es) [ ]**  | **Other, please specify:**       |
| **Requirements** | **SO requirements same for all sites?** **Yes [ ]  No [ ]**  | **Note:**  | * **Your estimates will define the total number of staff to be allocated**
* **Over runs impact BAU and will require a separate Request form**
* **SO will allocate the most appropriate staff member(s) to your request**
 |
|  | **Hardware installation** | **New [ ]  Upgrade [ ]**  | **Device Type:**      | **PC [ ]** **Total**       | **Laptop** **[ ]** **Total**       | **Tablet [ ]** **Total**       | **Medical device [ ]** **Total**       |
|  | **Software installation**  | **New [ ]  Upgrade [ ]**  | **Third party carrying out install?**  | **Yes [ ]  No [ ]**  | **Vendor Name** |       |
|  | **Software media (if install required and SO requested to complete)** | **Download [ ]  If ticked, please specify url:**       | **Other**       | **Licensed?** | **Yes [ ]** **No [ ]**  |
| **Scope:** | **Single site or location [ ]**  | **One Region? [ ]  Specify Region**       | **National (> 1 region) [ ]**  | **Total number of users**       |
| **#** | **Location (If more than 5 locations, please complete page 2)** | **Start Date DD/MM/YY** | **Contact Name** | **Contact number** | **Duration (X Days)** | **Tasks required by Service Operation staff *(Please include notice period, training, advice, management sessions and any other involvement required by SO staff).***  |
| **1** |       |       |       |       |       |       |
| **2** |       |       |       |       |       |       |
| **3** |       |       |       |       |       |       |
| **4** |       |       |       |       |       |       |
| **5** |       |       |       |       |       |       |

1 Project Management Office (OoCIO)

|  |  |
| --- | --- |
| **2** | **Project Sign off (Signature)** |
| **PM:** |  | **Date:** |  | **BM:** |  | **Date:** |  |
| **#** | **Location (If more than 5 locations, please complete page 2)** | **Start Date DD/MM/YY** | **Contact Name** | **Contact number** | **Duration (X Days)** | **Tasks required by Service Operation staff *(Please include notice period, training, advice, management sessions and any other involvement required by SO staff).***  |
| **6** |       |       |       |       |       |       |
| **7** |       |       |       |       |       |       |
| **8** |       |       |       |       |       |       |
| **9** |       |       |       |       |       |       |
| **10** |       |       |       |       |       |       |
| **11** |       |       |       |       |       |       |
| **12** |       |       |       |       |       |       |
| **13** |       |       |       |       |       |       |
| **14** |       |       |       |       |       |       |
| **15** |       |       |       |       |       |       |
| **16** |       |       |       |       |       |       |
| **17** |       |       |       |       |       |       |
| **18** |       |       |       |       |       |       |
| **19** |       |       |       |       |       |       |
| **20** |       |       |       |       |       |       |

***Once this form is completed, please return to your NSD contact or arrange for a new ticket Request to be logged through NSD Self Service Portal –*** [***Link***](https://nsdselfservice.healthirl.net/SelfService.BridgeIT#dashboard)