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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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)

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| **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** |  | |  |  | | |  | |  | |  | | |
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| **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)