**BHRCCGs IT SERVICE DESK**

**AUTHORISED GP NETWORK ACCESS AND NHSMAIL CONSENT FORM**

Please read page 2 of this form before completing. **Please complete this form using Microsoft Word**, then print for signing. Ensure all details are filled in as applicable and ensuring **all mandatory fields** are completed.

**N.B. All fields marked with an asterisk (\*) are mandatory.**

|  |
| --- |
| **\*Please tick the applicable boxes below for the required access needed** |
| **PC Logon Account:** [ ]  **NHSmail Email Account:** [ ]  **Smartcard Access:** [ ]  |
| **\*Title:** *[Mr, Mrs, Ms, Dr etc.]* | Click on the arrow to choose from the list. | **\*Employing Organisation:** *[Please select where applicable]** **BHRCCGs** [ ]
* **NHS Barking and Dagenham CCG** [ ]
* **NHS Havering CCG** [ ]
* **NHS Redbridge CCG** [ ]
* **Federation Hub** [ ]
* **Other, please state:** [ ]

Please click here to enter text. |
| **\*First name:** | Please click here to enter text. |
| **\*Surname:** | Please click here to enter text. |
| **\*Job Title:** | Please click here to enter text. |
| **\*Work telephone number:** | Please click here to enter text. |
| **\*GP Surgery Name:** | Please click here to enter text. |
| **\*GP Practice Code:**  *[e.g. F01234]* | Please click here to enter text. |
| **\*Security Answer:** *[Please provide the date and month of your date of birth**e.g. 13th April 1945 = 1304]* | Please click here to enter text. |
|  **Smartcard Number: (if known)** | Please click here to enter text. |
| **State if the user has an existing NHSmail address:** | Please click here to enter text. |
| **\*Please state other requirements:** *[e.g. NHSmail generic mailbox, Adastra access, shared drive access such as: access to the Practice Manager folder]*Please click here to enter text. |
| **\*Has this user been previously employed by another Practice in the Barking and Dagenham, Havering or Redbridge Borough?****YES (still works there):** [ ]  **NO:** [ ]  **OR YES (has left):** [ ]  **If YES (has left):** Click here to enter previous practice code\name. |
| **\*Users acceptance of responsibility:*** I confirm I have read page 2 and The CCGs’ Information Securityand Access Control Policy.

**\*Users signature:** **\*Date:**  Click on the arrow to select a date.  | **\*Authorising Manager:** **\*Managers name: [print name]** **\*Managers signature:** **\*Date:** Click on the arrow to select a date. |
| **Forms will not be accepted without the manager’s signature and will take between 1-3 working days to be processed.** **An email will be sent to above signatory or requestor with the details once processed.** **Once completed please, print, sign, scan and return by email to: itservicedesk@bhrccgs.nhs.uk** |

**1) Instructions for completion of the registration form.**

* Please complete one form for each person that is to be authorised to have access.
* This form needs to be fully completed before any application can be processed.
* **Forename:** The user’s first name, in full, not an abbreviation or 'nickname'.
* **Surname:** Should be the same as your name appears on your contract of employment, driver's licence or passport etc.
* **Job Title:** The formal title of the post held.
* **Authorising Manager:** This is the person who manages the user, is responsible for ensuring the user is correctly trained and can authorise their access. This can also be the Consultant name.

**Acceptable Use Policy**

**2) User Responsibilities.**

**Statutory legislation must be complied with. For IT facilities at least the following will apply:**

* The Data Protection Act 2018
* The Copyright, Designs and Patents Act (1988)
* The Computer Misuse Act (1990)
* The NHSmail Acceptable Use Policy (AUP)
* The CCGs’ Information Security and Access Control Policy
* You also agree to maintain the confidentiality of service user information and PID (Personal Identifiable Data) when accessing CCG IT systems.

**Should you require further details of the above, please contact your manager in the first instance. As a result of the above it is an offence to attempt to use a computer system that you are not authorised to use, or to assist anyone else in making such an attempt. Therefore:**

* You must only use your own individual password to access a system.
* You must not disclose your password to anyone else so that they can use it.
* You must not use anyone else's password.

**3) Authorised User Registration.**

* Once your correctly completed form has been received, you will be contacted by a member of the BHRCCGs GP IT Support team confirming the account details and any relevant information.
* Passwords must consist of a minimum of six characters, one character must be an uppercase character, and one must be a number.
* Passwords should not be something easily deduced by other people.
* Passwords must be changed on a regular basis or suspect the account has been compromised.
* You cannot reuse old passwords.