**NEL ICB IT SERVICE DESK**

**GP IT LEAVERS FORM**

**This form should be completed for all leavers to ensure all the relevant IT accounts are dealt with accordingly. 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.**

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| --- | --- |
| **\*First name:** | Please click here to enter text. |
| **\*Last name:** | Please click here to enter text. |
| **Job Title:** | Please click here to enter text. |
| **GP Surgery Name:** | Please click here to enter text. |
| **GP Practice Code:** | Please click here to enter text. |
| **NHSmail address:** | Please click here to enter text. |
| **\*Leaving Date:***[Last day of employment]* | Click on the arrow to select a date. |
| **\*Home Directory –** *P:/ drive* (Tick at least one choice)[ ]  **Delegated Access** (*another user needs to be given access, state the users name below)* Users name: Click here to enter text. [ ]  **Archive** *(data will be kept for 12 months)* | **\*Email Account (if applicable)** (Tick one option)[ ]  **Mark as a Leaver** *(I have reviewed\discussed the contents of the mailbox with the account holder and confirm there is no business sensitive items to this specific organisation).*[ ]  **Locum GP – Keep account active** *(The account will remain active. However, NHSmail will automatically disable the account after 90 days of inactivity and delete it after 180 days of inactivity).* |
| Email AccountEmail forwarding arrangements for any subsequent emails relating to the practice needs to be agreed between the leaver and the Line Manager.When an email account is marked as a leaver the account will be automatically removed from any dynamic distribution lists and will be automatically deleted after 30 days of inactivity.  |
| [ ]  **Remove the additional access of ALL other mailboxes from this email account.**[ ]  **Only remove the additional access listed below from this email account:** *(list of mailboxes to remove)* Click here to enter text. |
| Smartcard Notice[ ]  Revoke practice access from smartcard |
| **Leaver:**I confirm I have had an exit interview with my manager to discussmy IT account closure.I thereby agree to the above closure instructions.**\*Users signature:** **\*Date:**  | **\*Authorising Manager:** If the leaver is not available to sign this form the responsibility of the instructions on this form is with the signing authorising manager below.**\*Managers name:** *[print name]***\*Managers signature:** **\*Date:**  |
| **Once completed please print, sign, scan and return by email to itservicedesk.nelicb@nhs.net** |