**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 Account  Email 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 discuss  my 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** | | | |