Computer System Access Form

West Suffolk NHS
NHS Foundation Trust

Internal use only

Please complete form in BLOCK CAPITALS and select all which apply.

☐ New Staff	☐ Returning Staff	☐ Current Staff

☐ Moving Department	☐ Change Personal Details	☐ Change system access
Date of move:	Previous Details:	Date of change:

Access Required (please tick all that apply)

Will you require a smartcard? Yes / No (If Yes, appointment is required with IT.)

	Email	Internet**	e-Care	IMPAX	EDMS (Evolve)*	ICE Order Comms*
☐ Doctor (Speciality .....)	■	■	■	■	■	■
☐ Nurse	■	■	■	☐	■	■
☐ HCA	■	■	■	☐	■	☐
☐ Student - Nurse	☐	■	■	☐	■	☐
☐ Student – Cambridge Graduate	☐	■	■	■	☐	☐
☐ Clinical Other ……..……	■	■	■	☐	■	☐
☐ Admin Clinical	■	■	■	☐	■	☐
☐ Admin Non Clinical	■	■	☐	☐	☐	☐
☐ Non Clinical Other ……..…....	■	■	☐	☐	☐	☐

■ Access given based on Job role requirement.
☐ Please tick boxes if access is required

Additional Access

ARIA (Chemo)	☐
E-Referrals	☐
E3.Net (EuroKing) (Maternity)	☐
GP Streaming	☐
LOSPT (Length of Stay Patient Tracking)	☐
Mortality Review (Intranet Application)	☐
NHS.net email	☐
OPERA (Theatres)	☐
Radiology Report Viewer*	☐
Unisoft Reports (Endoscopy)	☐
VDI User (ED / AMU)	☐
Vitalslink – Integrated Obs Machines	☐
Winscribe (Dictation / Transcription)*	☐
Powergate (Please contact Purchasing)	

Do you require Remote Access?	☐ Yes	☐ No
How will you be connecting to the Trust	☐ Trust Laptop	☐ Home Device
Will you be connecting to a Trust PC?	☐ Yes	☐ No

Other Access

Shared Drive (e.g.O Drive - \\charlie\documents\Medical Secretaries) include if you need read/write or read only access ...

*** You are required to book training for these applications via the Intranet elearning system**
**** If you are an external user you will not be given access to this system**

PLEASE ENSURE THAT ALL AREAS ARE COMPLETED AND RETURN TO THE IT DEPARTMENT BEFORE TRAINING IS COMMENCED

User (please read statement and complete all sections below)

I confirm that I have read, fully understood and agree to be bound by the Trust's Information Governance Policy and the relevant Data Protection legislation (eg General Data Protection Regulation 2016/679) and the Trust IT Security Policy. I agree that I will comply with the following:

- Do lock your computer when not in use
- Do use an encrypted memory stick/USB device if needed
- Do store your digital devices securely when not in use
- Do report any lost or stolen device to the Information Governance Team immediately
- Don't share your password/login details/smartcard with anyone
- Don't leave your computer/device logged in for someone else to use
- Don't use your own device for business purposes unless authorised
- Don't use work-provided devices for personal use
- Don't connect your work-provided device to unknown or untrusted networks eg public Wi-Fi hotspots
- Don't allow unauthorised staff, friends or relatives to use your work-provided device
- Don't attach unauthorised equipment of any kind to your work-provided device, computer or network
- Don't take personal information, including digital information off site without authorisation
- Don't install unauthorised software or download software or data from the internet

The Trust monitor's internet usage which is reported to your line manager and Human Resources. The Trust prohibits access to inappropriate sites for example pornography, and excessive use of the internet for non-work purposes. Any breach could lead to disciplinary action or dismissal.

Surname	
First Name(s)	
Contact/Personal Email Address	
Your email will be used to send you a notification of your account setup status	
Job Title	
Department	**NMC/GMC/GMP/OTcode**
Site (WSH/Walnuttree, etc)	**Phone/Ext** **Bleep**
Signature	**Date** / /

Manager Authorisation (please read statement and complete all sections below)

The line-manager/Clinical Director/HR department are responsible for approving system access and indicating the appropriate Trust systems the User requires. **For non-Trust employees this form needs to be signed by the Information Governance Manager (Jenny Hards- Jennifer.Hards@wsh.nhs.uk) or Information Governance Officer (Emily.Graham@wsh.nhs.uk)**

Full Name	
Job Title	
Department	
Do NOT Email Me when the users account has been created (You will still receive notifications if the users email address is not complete)	☐
Signature	**Date** / /

West Suffolk NHS Foundation Trust will manage your information in line with the General Data Protection Regulation 2016/679. The information provided on this form will be used for the purposes of provision of computer and network access. This information will be retained for the duration of your employment and then destroyed.

You have the following rights in relation to the way we handle your information:

- If you no longer want us to use your information for the purposes specified above; if you want to request to have your information erased, or if you want to request to have your information rectified. Please contact the Information Governance team on 01284 712781.