**HSE NIMS USER SET UP REQUEST FORM (Incident Module)**

This form is to request A) access to the NIMS and B) make amendments to current access on NIMS. (Please submit one completed form per access request, by email to NIMS@hse.ie ) **Incomplete forms will be returned to sender**

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| **Section A** |
| **Access Requestor’s Name**  |   | **Job Title** |   |
| **Access Requestor’s Division and Service** |   | **Address** |   |
| **Phone** |   | **Email Address** |   |
| **Date NIMS Incident Training Completed:**\*This training is mandatory in order to be granted access to NIMS[[1]](#footnote-1)   |   |
| **Briefly describe the reason for access/location request:** |   |
| **Is this access request form for a new user or do you wish to make changes to your current access:** | If new user, proceed to Section B  |
| **or** |
| If you are an existing user and wish to make a change to your current access/location rights, please list the changes you would like to make and proceed to section C  |  |
| **Section B** |
| **Access request is for NIMS information for the following areas:** |
| **Service:** | HG |   | CHO |   | NAS |   | Acute Services |   |
| **Division:** | Mental Health |   | Social Care |   | Primary Care  |   |   |
| National Corporate Services |   | Health and Well Being |  |  |
| **Clearly, list locations you require access to:** |   |
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| **Section C** |
| **I (to be confirmed by line manager/senior manager) require this user to (choose 1 option only)**  |
| **Input, Edit & Report –** Access to input incidents, edit and reporting rights. |   |
| **View Only –** Access to view & report but no access to input or edit. |   |
| **I require this user to have access to incidents involving:** |
| Service Users/Patients  |  | Staff Members |  | Members of the Public |  | Crash / Collision |   |
| Dangerous Occurrences |  | Property Damage |  |   |
| **Authorisation:**  |
| Line Manager Job Title:  |    | Signature & Date:  |   |
| Line Manager Phone: |    | Line Manager Email: |   |
| **Senior Manager Details (Grade VIII or above)**  |
| Senior Manager Job Title:  |    | Signature & Date:  |   |
| Senior Manager Phone: |    | Senior Manager Email: |   |
| ***FOR HSE NIMS HELPDESK OFFICE USE ONLY*** |
| Designated Information Owner: |   | Signature & Date: |   |

1. **NIMS Incident Entry training is available at** [**www.hseland.ie**](http://www.hseland.ie)**. Staff must first register on HSE Land. The module can be located via searching the Learning Catalogue** [↑](#footnote-ref-1)