**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](mailto: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)