This form is used to grant access to NDTP-DIME. HSE-NDTP are cognisant of the amount of personal data NDTP-DIME contains and it essential that this data and the integrity of the system is protected at all times. It is therefore essential that access is granted on a need only basis and that the user declares that they will treat the data they have access to with the strictest confidentiality. This form must be completed in block capitals by the user

and signed by their line manager. Completed forms should be forwarded to the DIME Team via email [dime.team@hse.ie](mailto:dime.team@hse.ie)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **USER DETAILS** | | | | | |
| Name: |  | | Phone number: | |  |
| Grade / Job Title: |  | | Email Address: | |  |
| Training Body: |  | | | | |
| **REQUIREMENT FOR ACCESS** | | | | | |
| **Outline briefly why access is required. Access will not be granted unless you can explain why it is required as part of your role. HSE-NDTP reserve the right to refuse or remove access** | | | | | |
|  | | | | | |
| **USER DECLARATION** | | | | | |
| I hereby confirm that I am authorised to make this declaration on behalf of my Site and declare that I will:   * Use NDTP-DIME solely and specifically for the purposes of managing and updating training attributes of NCHDs undertaking training with my Training Body * Use and disclose data held on NDTP-DIME only in ways compatible with the purpose of managing the training attribute details of NCHDs under the remit of my Training Body which I am employed and not access or make available information held on NDTP-DIME for any other purpose. * Keep my account and all accessed data safe and secure and not provide any other individual with access to my account on NDTP-DIME. * Ensure that details I record are accurate, complete and up to date in so far as I am aware. * Notify HSE-NDTP immediately if I no longer require access to NDTP-DIME as part of my role or if I cease employment with the Site. * Comply with all obligations and requirements under the General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018. * When notified that the data subject of any records no longer consents to the processing of their personal data, to only process personal data held by me as is necessary in accordance with the General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018, as may be amended or replaced. * Notify the HSE-NDTP of any data subject access requests, or the exercise of data subject rights, and comply with the directions of the HSE-NDTP in order to address any such requests or exercise of data subject rights.   I understand that if I fail to comply with these requirements or abuse my access in any way that my access rights to NDTP-DIME may be withdrawn indefinitely. I understand that all decisions in this regard are at the discretion of the HSE-NDTP to ensure adherence to General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018, as may be amended or replaced, and that all such decisions are final. | | | | | |
| **Name (Block Letters):** | | **Signature:** | | **Date:** | |
|  | | | | | |
| **LINE MANAGER APPROVAL** | | | | | |
| As authorised signatory on behalf of the Site, I hereby declare and confirm the following:  I hereby declare that the above named employee requires access to NDTP-DIME NCHD Post Matching Module solely and specifically for the purposes of managing the education and training of NCHDs enrolled on programmes with my training body and to bind the Site to the terms of the above declaration.  I confirm that the User will not be permitted access to the system unless they have completed the relevant DIME training that they we requested access for or they are fully supervised by a User, who has completed the relevant DIME training.  I hereby confirm that the Training Body will be responsible for and shall indemnify and keep indemnified HSE from and against any loss or liability, arising from any claim, suit, demand, action or proceeding by any party against HSE, where such loss or liability was caused by any willful, unlawful or negligent act or omission or breach of statutory duty of the Training Body or its employees, agents or subcontractors in connection with the access to and use of NDTP-DIME, save to the extent the loss or liability was caused by the negligent act or omission of the HSE.  I confirm that the Training Body will be responsible for ensuring that HSE-NDTP is notified immediately if the above named employee no longer requires access to NDTP-DIME as part of their role or if they cease employment with the Training Body. | | | | | |
| **Name (Block Letters):** | | **Position Held:** | | **Signature:** | |
| **Telephone Number:** | | **Email Address:** | | **Date:** | |

|  |  |
| --- | --- |
| **FOR HSE-NDTP USE ONLY** | |
| **Approved By:** | **Date:** |
| **Role Granted:** Training Body **□**  Read / Edit **□**  Read Only **□** | |

Please note if you enter your password incorrectly five times the system will automatically revoke your access. You will need to contact the DIME Team by emailing [dime.team@hse.ie](mailto:dime.team@hse.ie) to have your access reset.