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

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| **USER DETAILS** |
| Name: |  | Phone number: |  |
| Grade / Job Title: |  | Email Address: |  |
| Site(s): |  |
| **REQUIREMENT FOR ACCESS** |
| Please tick only the relevant NDTP-DIME Module(s) you are required to access as part of your role: NCHD Post Matching □ NER □ TSS□ CCERS □ Consultant Post Matching □ Consultant Application Portal □ Please indicate the type of CAP Access you require: CAP Initiator □ **OR** CAP Submitter □Note: Read Only access allows you to view information, documentation and reports within the Modules selected for your Clinical Site – You will not have the ability to perform any actions within DIMEPlease indicate the type of access you require: Read / Edit □ **OR** Read only □ *Note: Read Only access allows you to view information, documentation and reports within the Modules selected for your Clinical Site – You will not have the ability to perform any actions within DIME* |
| **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 including all relevant modules which I have access to solely and specifically for the purposes of managing the employment of Consultants and NCHDs on my site / within my Hospital Group / Community Healthcare Organisation.
* Use and disclose data held on NDTP-DIME only in ways compatible with the purpose of managing the employment of Consultants and NCHDs on my site / within my Hospital Group / Community Healthcare Organisation and not 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 including all relevant modules solely and specifically for the purposes of managing the employment of Consultants and NCHDs on my site/ Hospital Group / CHO and are authorised to make this declaration and to bind the Site to the terms of the above declaration.I hereby confirm that the Site 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 Site 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 Site 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 Site. |
| **Name (Block Letters):** | **Position Held:** | **Signature:** |
| **Telephone Number:** | **Date:** |

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| **FOR HSE-NDTP USE ONLY** |
| **Approved By:** |  | **Date:** |  |
| **Role Granted:** NCHD Post Matching □ National Employment Record □ Training Supports □ Clinical Course Exam Refund Scheme □ Consultant Post Matching □ CAP Initiator □ **OR** CAP Submitter □ **Access Granted:** Read / Edit □ **OR** Read only □ |

Please note if you enter your password incorrectly five times the system will automatically revoke your access. You will need to contact

NDTP by emailing dime.team@hse.ie to have your access reset.