**** **NDTP Doctors Integrated Management E-System (NDTP-DIME)**

**SYSTEM ACCESS REQUEST FORM FOR CLINIC TRAINING BODY USERS**

This form is used to grant access to NDTP-DIME. This form must be completed in block capitals by the user and signed by their line manager. Completed forms should be forwarded to HSE-NDTP doctors@hse.ie

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| **USER DETAILS** |
| **Name:** |  |
| **Grade / Job Title:** |  |
| **Address:** |  |
|  |  |
|  |  |
| **Phone Number:** |  |
| **E-mail Address:** |  |

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| **REQUIREMENT FOR ACCESS** |
| **Please outline briefly why access to the NCHD Module of the NDTP-DIME National Database is required:** |

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| **USER DECLARATION** |
| In order to ensure adherence to the Data Protection Acts 1993, 2003 and 2018 I hereby 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 trainees linked to my Training Body·         Keep my account 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.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if I fail to comply with these requirements or abuse my access in any way that my access rights to NDTP-DIME may be withdrawn indefinitely.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 the Data Protection Acts 1993, 2003 and 2018 and that all such decisions are final. |
| **Name:** | **Signature:** | **Date:** |
| **LINE MANAGER APPROVAL** |
| **Line Manager Name****(block letters):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I hereby declare that the above named employee requires access to NDTP-DIME NCHD Module solely and specifically for the purposes of managing the education and training of NCHDs enrolled on programmes with my training body |
| **Signature:** |  |
| **Telephone Number:** |  |
| **Date:** |  |

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| **For HSE-NDTP Use Only** |
| **Approved By:** |  |
| **Role Granted:** | **Training Body** |
| **Date:** |  |

\*Please note if you enter your password incorrectly three times they system will automatically revoke your access. You will need to contact NDTP doctors@hse.ie to have your access reset.

\*You are required to be aware of the system security aspects document available at [www.hse.ie/doctors](http://www.hse.ie/doctors) on the NDTP-DIME tab.