**** **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](mailto: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if I fail to comply with these requirements or abuse my access in any way that my access rights to NDTP-DIME may be withdrawn indefinitely.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](mailto: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.