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

SYSTEM ACCESS REQUEST FORM FOR CLINICAL SITES, COMMUNITY HEALTHCARE ORGANISATIONS & HOSPITAL GROUPS

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 time. 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 HSE-NDTP [dime.team@hse.ie](mailto:dime.team@hse.ie)

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| --- | --- | --- | --- | --- | --- |
| **USER DETAILS** | | | | | |
| Name: |  | | Phone number: | |  |
| Grade / Job Title: |  | | Email Address: | |  |
| Site/Hospital Group/CHO: |  | | | | |
| **REQUIREMENT FOR ACCESS** | | | | | |
| Please tick relevant NDTP-DIME Module(s) and only select the 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 access you require: Read / Edit □ Read only □ | | | | | |
| 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.  If requesting access to the CAP Module, please specify if you require Initiator or Submitter access | | | | | |
| **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 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 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:  (Block Letters) | | Signature: | | Date: | |
| **LINE MANAGER APPROVAL** | | | | | |
| Name:  (Block Letters) | | Position Held: | | Signature: | |
| Telephone Number: | | Date: | | | |
| 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. | | | | | |
| **FOR HSE-NDTP USE ONLY** | | | | | |
| Approved By: |  | | Date: | |  |
| Role Granted: NCHD Post Matching □ NER □ TSS □ CCERS □ Consultant Post Matching □ Consultant Application Portal □  Access Granted: Read / Edit □ Read only □ | | | | | |

* Please note if you enter your password incorrectly three times the system will automatically revoke your access. You will need to contact NDTP by emailing [dime.team@hse.ie](mailto:dime.team@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