

Request for a BTUH Computer Account

Information Security Policy

Please read and understand the summary points taken from the Information Security Policy. The full policy can be accessed under 'Quick Links' on the IT Department page at [The Hub > Departments > Information Technology](#).

- A. Take responsibility for the accuracy and security of the data/information in your care
- B. Take responsibility for the security of information processing equipment and software in your care
- C. Keep your password secret and adhere to good password practice
- D. Not to disclose confidential information to anyone who is not authorised to know
- E. Ensure that no breaches of information security result from your actions
- F. Ensure you undertake information security training
- G. Bring to your managers attention areas of concern regarding information security
- H. Not to email patient/personal identifiable data externally unless it is encrypted
- I. Familiarise yourself with the Trust's procedures and legal obligations
- J. Do not leave computers logged on unattended (even for 5 minutes)
- K. Log out of a system after use
- L. Report any incident (or suspected incident) to the Information Security Facilitator and on an Incident Form
- M. Handle confidential disks, portable devices, printouts etc, with care to avoid disclosure of information
- N. Do not install any unauthorised software from any source, this includes scree-savers or any other programs downloaded from the internet or introduced by other sources

Drive Access & Email Distribution List(s) Required: (To be completed by Line Manager)

Drive Access

E.g. O:\DepartmentName

Please specify the full path of the network folder access required for your new starter. You may select more than one folder. However, the manager of each additional area must countersign this form to authorise access to their department information. The list can be accessed under 'Quick Links' on the IT Department page at [The Hub > Departments > Information Technology](#)

Distribution List(s)

E.g. Consultants

Please specify the name of the email distribution list(s) that you require your new starter to be added to. You may select more than one distribution list but please ensure you are an authorised signatory for the area you are requesting. If you are unsure or require assistance, please contact the IT Service Desk on ext. 1919.

Your Declarations

This form requires the authorisation of a Senior Manager or Line Manager who is on the IT Department's list of Authorised Signatories. To check if a manager is on the signatories list, please call the IT Service Desk on ext 1919.

In line with the Trust's Information Security Policy (available from the Hub), each member of staff wishing to access the computer system will require their **own user account**. **You must ensure that you do not let any other member of staff access the system using your account.**

Please be aware that this form requires your name as shown on your Passport. This will be verified by Personnel and your account could be removed if there are any discrepancies.

<u>Your Details:</u>		Payroll No.	<input style="width: 100%;" type="text"/>
First Name	<input style="width: 100%;" type="text"/>	Surname	<input style="width: 100%;" type="text"/>
Contact No.	<input style="width: 100%;" type="text"/>	GMC No.	<input style="width: 100%;" type="text"/>
Job Title	<input style="width: 100%;" type="text"/>	Ward/Dept.	<input style="width: 100%;" type="text"/>
Directorate	<input style="width: 100%;" type="text"/>	Employer:	(Please circle as appropriate) BTUH SEPT NELFT Southend Hospital Contractor Agency

<u>Your Declaration:</u>			
I confirm that I am aware of the Trust's Information Security Policy and that I will not allow my username and password to be used by another member of staff			
Signature	<input style="width: 100%;" type="text"/>	Date	<input style="width: 100%;" type="text"/>

<u>Authorised Manager Signature:</u>			
I confirm that the above user is authorised to have access to the systems he/she has requested			
Full Name	<input style="width: 100%;" type="text"/>	Contact No.	<input style="width: 100%;" type="text"/>
Job Title	<input style="width: 100%;" type="text"/>	Ward/Dept.	<input style="width: 100%;" type="text"/>
Signature	<input style="width: 100%;" type="text"/>	Date	<input style="width: 100%;" type="text"/>

**Please note that forms not signed by an authorised manager will be returned.
 Please return the signed form to: IT Department, Level F, Tower Block, Basildon Hospital,
 Nethermayne, Basildon, Essex, SS16 5NL**