

**Data User Certification Request Form for Access to Open Exeter**

**Staff in non GP Practice Organisations**

Please ensure this form is completed fully. Once completed, please send to the Access Control Manager at the designated PCSS office responsible for the system(s) to which access is required<sup>1</sup>.

The Access Control Manager will then process the application online using the Organisation Maintenance facility. Incorrect completion of this form may result in a delay in the processing of your application.

A separate Data User Certificate Part B **must** be completed for each User.

**Part A - Organisation Details**

<b>Organisation (ODS) Code</b>						
<b>Organisation Name</b>						
<b>Address Line 1</b>						
<b>Address Line 2</b>						
<b>Address Line 3</b>						
<b>Address Line 4</b>						
<b>Post Code</b>						
<b>Telephone Number</b>						
<b>Fax Number</b>						

**Primary Contact**

<b>Name</b>	
<b>Email Address</b>	
<b>Telephone Number</b>	
<b>Job Title</b>	

The Primary Contact is an important role as this individual will sponsor each individual application and will receive the username and password for each new user within their organisation. When completing a new application, please ensure that the Primary Contact name is the same as on previous applications. If the existing Primary Contact changes their role or leaves, a new individual will need to be appointed to take on the role. If this is the case, please complete the authorisation below.

I authorise the individual named above to act as the Primary Contact for the named organisation.

**Signature of previous Primary Contact / Caldicott Guardian of the named organisation.**

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

<sup>1</sup> For a list of Access Control Managers, please see the list available here <https://www.openexeter.nhs.uk/nhsia/CipherQCodes/DataControllerList.jsp>

**Please provide a brief overview of the purpose(s) for which your Organisation requires this user to have access to data from NHAIS:**

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**I certify that the person named below as Data User has a justifiable purpose and legal basis for accessing the data requested above.**

<b>Primary Contact signature and date</b>	
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**Part B - Data User Certificate**

<b>Name</b>	
<b>Email Address</b>	
<b>Telephone Number</b>	
<b>Job Title</b>	
<b>Declaration (please tick to show you have read and sign below)</b>	<input type="checkbox"/> I understand that the data accessed via the Open Exeter system is of a confidential nature and that 'person identifiable data' must not be passed on to a third party without the consent of the individual concerned. <input type="checkbox"/> I am aware of my responsibilities under the Data Protection Act and agree to abide by them.
<b>Signature and date</b>	

**NHAIS SYSTEM ACCESS CONTROL MANAGER SECTION**

**ACM**

<b>Name</b>	
<b>Email Address</b>	
<b>Telephone Number</b>	

**Authorisation for Account to be setup**

<b>ACM Signature</b>	
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**Account setup and Key Contact informed**

<b>ACM Signature (or deputy)</b>	
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