



Southern Health and Social Care Trust

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Staff Declaration of Compliance with Trust 'IT Security, Internet & eMail Policies'

Southern Health and Social Care Trust 'IT Security, Internet & eMail Policies' as approved by the Senior Management Team sets out the IT principles by which *all staff* who use computers must comply with. These principles equally apply to staff who use computers in stand alone mode or networked mode whilst accessing Trust WAN services (email, Intranet, proxy services), HPSS regional systems (eg Child Health System, Finance Applications, HRMS, SOSKARE, PAS etc), HPSSnet, Internet or other Trust software applications, databases, spreadsheets or Information Systems.

Staff declaration

I have read and understood and will comply with 'Southern Health and Social Care Trust' 'IT Security, Internet & eMail Policies' including appendices.

I also acknowledge that breaches of IT Security by staff or failure to comply with 'Southern Health and Social Care Trust, IT Security, Internet & eMail Policies' including appendices may be considered to be a disciplinary matter.

Signed by _____

(Print name) _____

Job Title _____

Facility _____

On date _____

NATIONAL INSURANCE NUMBER _____

*Please forward this signed declaration to IT Department,
to be included by HR within the staff employment record.*

Complete Section ①
+ Section ② ONLY

COMPLETE THE APPROPRIATE SECTION(S) AND FORWARD TO IT DEPARTMENT

(Please note IT Services cannot be granted until the Staff Declaration of Compliance of Trust 'IT Security Policy' has been signed).

1. EMPLOYEE DETAILS

Employee Status Permanent Temporary Date effective

Name

Job Title

Department

Location Directorate

Tel No / Ext / Bleep Fax No

2. IT SERVICES REQUIRED (tick as appropriate)

Email Account Internet Access

Consolidated Server Access (To create this account National Insurance Number MUST be supplied)

<input type="checkbox"/> FINANCE	<input type="checkbox"/> HRMS	<input type="checkbox"/> SOSKARE	<input type="checkbox"/> WIMS
<input type="checkbox"/> PAS	<input type="checkbox"/> LABS	<input type="checkbox"/> A&E	<input type="checkbox"/> CLINICAL
<input type="checkbox"/> PHARMACY	<input type="checkbox"/> RADIOLOGY	<input type="checkbox"/> CHILD HEALTH	<input type="checkbox"/> STORES

Other (pls specify)

NATIONAL INSURANCE NUMBER _____

Access to Share Facilities
(State details of access/share required)

APPROVAL OF LINE MANAGER (FOR INTERNAL USE ONLY)

Name (Printed): Signature:

Job Title: Date:

All relevant details must be fully completed before request can be processed.

TO BE COMPLETED BY IT DEPARTMENT

IT Security Policy received Yes No Date:

User ID : Unix ID :

IT Signature: Date: