

Request for New User Account

Date: _____ Dept/Ward: _____

Employee Name: _____

Employee Staff No. (If Known): _____ Contact No: _____

National Insurance No _____

Employee Job Title: _____

System Access: (tick all necessary)

- | | |
|---|--|
| <input type="checkbox"/> PAS | <input type="checkbox"/> LABS *** |
| <input type="checkbox"/> NIRADS *** | <input type="checkbox"/> NIPPERS *** |
| <input type="checkbox"/> DIAMOND | <input type="checkbox"/> |
| <input type="checkbox"/> NETWORK ACCOUNT | <input type="checkbox"/> EMAIL ACCOUNT |
| <input type="checkbox"/> OTHER (Please State) _____ | |

FINANCE System

Please state which application e.g. BPR Ledger Inter, Local Accounts Payable etc.

PHARMACY System

Please state which application e.g. Main Pharmacy – Lgroup, Handheld area etc.

HRMS System

Please state which application e.g. HRMS Personnel, HRMS Payroll etc.

**NOTE: ACCESS TO SYSTEMS WILL BE AT THE DISCRETION OF
SYSTEM MANAGERS**

Signature of Line Manager: _____

Print Name of Line Manager: _____

Send completed form to Medical HR Dept, Altnagelvin Hospital