

**SCCRS System Application Form – FOR GP PRACTICES**

**This information is required to establish requirements & governance for SCCRS accounts.**

**ONCE COMPLETED AND SIGNED ON PAGE 2 PLEASE E-MAIL DIRECTLY TO**

**itservicedesk.nhss-ns@atos-services.net**

**ALL INFORMATION HIGHLIGHTED IN YELLOW AND/OR \*\* NEED TO BE FULLY COMPLETED**

|  |  |
| --- | --- |
| **Date\*\*** | **Application Type \*\* *(circle / delete as appropriate)*** |
|  | New User /Change/Leaver |
| **User ID** \*\**(format is Practice code, Christian Initial and Surname – e.g. XXXXXLSmith)* | **User Name\*\*** (include title –(include title – e.g Dr, Practice Nurse, Sister) – this is the name that will be displayed on reports and result letters  |
|  |  |
| **E-mail Address \*\****(User ID and password will be sent to this email address)* | **Health Board\*\* *(circle / delete as appropriate)*** |
|  | NHSGGC (Greater Glasgow Practices)NHS Scotland (former Argyll & Clyde area) |
| **Organisation Type**  | **Location Address\*\*** *(where user is based)* |
| **GP PRACTICE** |  |
| **Job Role** \*\**(* ✓ tick below*)* *NB – if you are asked to record a sample on someone else’s behalf select the Admin role as well as the main role of GP or Practice Nurse – this will allow you to select the person who carried out the test from the drop down list presented when you log in to SCCRS.* | **Mobile User** *(if Y please indicate all locations you require access from)***Y/N** |
| * GP OR PRACTICE NURSE
* PRACTICE ADMIN ROLE
 |  |
| **Contact Details of Authorising Manager** \*\**(must include, name, address, phone & e-mail)* | **Practice Code**\*\* |
| **Name** ***Location*** **Telephone** **e-mail**  |  |

**Please e-mail this completed form to the ATOS ORIGIN at**

 itservicedesk.nhss-ns@atos-services.net

Any questions please contact - Elizabeth Rennie 0141 277 7634 or Calum McGillivray 0141 277 7489

For office use only

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| --- | --- | --- | --- |
| Service Desk Ref No: |  | Date Processed |  |

**All applicants - please now read and sign the ‘Conditions of Use’**

# NHSGG&CRGB**IT Equipment, Network and Software/Application conditions of use:**

Computing resources **shall not under any circumstances** be used for commercial or any other non-NHSGGC purposes\*.Computing resources **shall not under any circumstances** be used to store or reproduce any programs or

data which are subject to copyright restrictions, nor any data which is forbidden under computing, copyright or obscene publications legislation.

Software shall **not** be copied, amended or installed except where explicit written permission has been granted by the IT Department. This includes screensavers and downloaded or e-mailed utilities and games.

No user shall, by any wilful or deliberate act, jeopardise the integrity of the resources of hardware, software or data held in Division computer systems or at any other computer system that may be accessible via the Network.

Users shall abide fully by the Data Protection Act (1998), the Computer Misuse Act (1990), the NHSiS IT Security Manual (MEL 1994(75)), Scottish Executive & Health Department Code of Practice on Protecting Patient Confidentiality (yellow card), NHSNet Code of Connection, Divisional IT Policy, Divisional IT Security Policy and associated policies and guidance manuals, Standing Instructions, Network Notice Board Policy and any further computer legislation. Copies of these can be seen at the IT Department or by contacting the Information Security Officer at the relevant site.

No user shall make use of (or attempt to make use of) resources including Network or application / system accounts, printing and Network facilities that they have not been given **specific** permission to use. Such permission can only be granted by those responsible for management of those resources.

Data belonging to other Network users shall be considered confidential even if the data is readily accessible to other users. Information may not be inspected, copied, modified, disseminated or otherwise used, in whole or in part, without the prior permission of the user responsible for that data.

Network and **ALL** specific user accounts shall only be used by the named user. **All** passwords or other authentication mechanisms **shall be kept confidential** and shall not be disclosed to any person. Users will be held responsible for the actions of anyone making use of their Network account.

If a user believes that any other person has knowledge of their password it shall be changed at the earliest opportunity and the IT Service Desk shall be notified of the incident. In the event of a user being unavailable and access being required to data stored on their network drive permission **shall be** requested & granted via e:mail from your local Data Protection Officer, by the Head of Department. All departments are advised to use a “**common”** area to store data that requires to be accessed by more than one individual and that the network **“home”** area is used specifically for private correspondence - this is to minimise the need to access users home areas.

All patient and staff information which may be accessible through or held on the NHS Network is confidential. Only staff who **require** information about a particular patient or member of staff to carry out their duties **shall access** that information. Confidential information so obtained **may only** be communicated to others with the same need in respect of their work at the NHS. Any unauthorised access or disclosure/misuse of information shall be regarded as serious misconduct and **may result in disciplinary action.**

Computer equipment shall not be left unattended while logged on to a NHS system.

Unauthorised use of computer equipment is a **criminal** offence under the Computer Misuse Act.

Failure to comply with this agreement **may be** a disciplinary offence and may breach NHSNet Code of Connection thus jeopardising the NHS’s connection to NHSNet.

**I confirm that the new user**

* **has read and understood the sections of the SCCRS User Manual relevant to their post and roles within SCCRS**
* **has been trained in its use by a colleague experienced (\*) in using SCCRS**
* **is up to date with smear taker training (where appropriate)**

**Therefore I agree to grant this new user access to SCCRS on behalf of this location.
(\*) ‘Experienced’: Someone who is currently an authorised SCCRS user.**

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| --- | --- |
| **Signature of Applicant (agreeing to all conditions of use)\*\*** | **Date** |
| **Signature of Manager\*\*** | **Date** |