

High Tech Ordering and Management System (Hub)

USER REGISTRATION FORM

Please read notes below before completing the form.

- 1. All fields are mandatory.
- 2. Please use BLOCK CAPITALS when completing the form. Forms which cannot be processed will be returned to sender.
- **3.** HCP = Health Care Professional Registration Number e.g. MCN, NMBI etc. A number must be entered here by all health care professionals.
- **4.** Please provide one email address only. This email address will be used for all high tech hub system correspondence. Please note we cannot accept gmail/yahoo or group mail.
- **5.** A consultant is responsible for the prescription. A prescriber is the individual who will complete this activity on behalf of the consultant. Consultant access automatically has prescriber rights.
 - Each Hospital Consultant will be set up as a "team" on the high tech hub and Consultant prescribers, Nurse prescribers and Nurse/Clinical Support will be added as team members.
- **6.** Authorisation Section: Authorised signatory grades for the purpose of this form are at a minimum:
 - a. Hospital /Supplier CEO (or designated officer)
 - b. General Manager or Equivalent.
- **7. Data Protection Notice**: Personal data collected by the HSE is used for the purpose of providing a health service. It is required, stored, processed and only disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.



Primary Care Reimbursement Service High Tech Ordering and Management Hub

User Registration Form v13

Part 1: Applicant Details																																	
Forename														Si	ırna	am	е																
Speciality														Position																			
Phone No.														MCN/NMBI																			
Office																																	
Address																																	
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Part 2: Role																																	
	Access															Tick if Required																	
	Hospital Consultant – Lead Consultant⁵														•																		
Please select	NCHD																																
(Tick only on					-			Nurse Prescriber5																									
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	Hospital Admin Support/Hospital Pharmacist MMP																																
	Supplier																																
Part 3: Centre																																	
Are you a Team Lead (Y/N) If not, please specity the team to which you are assigned																																	
Please enter the name of the Hospital/Supplier requiring access to the High Tech Order and Management system																																	
Hospital / Supplier																																	
Name																																	
Part 4: Use	r D	ec	lar	ati	on																												
																lica	ant Signature																
	according to the standards which apply to systems access. I am fully aware of data																																
protection issues and my responsibilities regarding the correct use and access of client data.																																	
Part 5: Authorisation ⁶																																	
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	I, the CEO (or my designate) at the above Centre wish this applicant to be provided with access which will allow her/him communicate with the PCRS. I confirm that all															, 0	<u> </u>	jate	<i>,</i> <u> </u>	<u> ji iu</u>	tare	<u>-</u>											
appropriate IT security arrangements are in place.																																	
I have been approved by the CEO as a Designated Officer (Please tick if Date																																	
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Print Name: _																_						(1	d	m m y y y								
Position:																											1						
Please scan and email the completed, signed and stamped form to PCRS.HiTechUserReg@hse.ie . Alternatively, post the form to: High Tech Co-ordination Unit, PCRS, J5 Plaza, North Park Business Park, M50, North Road,																																	
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