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 v13.2

Part 1: Applicant Details

Forename												Surname											
Speciality												**Position**											
Phone No.												**MCN/NMBI**											
Office Address																							
Email Address																							

Part 2: Role

Please select the access required (**Tick only one box**)	**Access**	**Tick if Required**
	Hospital Consultant – Lead Consultant	
	NCHD	
	Nurse Prescriber	
	Nurse	
	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: User Declaration

I understand that details of usernames and passwords must be kept securely and 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.	Applicant Signature

Part 5: Authorisation

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 appropriate IT security arrangements are in place. ☐ I have been approved by the CEO as a Designated Officer (Please tick if appropriate and send copy of CEO confirmation.) Print Name: _____ Position: _____	CEO/Delegate Signature
	Date _d_ | _d_ | _m_ | _m_ | _y_ | _y_ | _y_ | _y_

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, Finglas, Dublin 11.