

Version 2.1 RA Agent:	DB Number (RA use only):
Please use the fo	rms RA01 and RA02 if you require a smartcard

## Application for Plymouth NHS Network Account (Only)

Please complete all fields and read in full the conditions outlined below. Once you have read these conditions, please sign and date your agreement. You will then need to get your sponsor, usually your clinical manager, line manager or supervisor, to sign this form in the fields provided. Please contact us on 01752 437000 and select option 1 for your username and password twenty four hours from when we receive the form.

\*\* Please use block capitals and complete as much as possible \*\*

First Name	Title e.g. Mr, Mrs,			
& Middle Name :	Ms, Miss, Doctor:			
Surname:				
Duefermed Full Name				
Preferred Full Name:				
National Insurance		Date of Birth:		
Number:				
Post Title:		Employing	PHNT Livewell	
		Organisation:	Other (please state):	
			Other (piease state).	
Department/Ward etc:		Work Phone No.		
		(if known):		
Do you have an	Yes No	If Yes, which		
existing NHSmail	If yes, please state:	Organisation is your		
address?	, , , , , , , , , , , , , , , , , , ,	NHSMail account		
	@nhs.net	registered with?		
Shared Question (eg:		Answer to shared		
'Mother's maiden		question?		
name?')		•		
Failure to fill in these boxes may lead to delays in creating your account				
I hereby agree that my network account username and password shall remain confidential to me, and				
		•	of confidential information via	
this account as per the terms in my contract of employment and all relevant Trust policies, guidelines				
and procedures.				
For further help and guidance on all Trust IT systems, as well as up to date news and service status, please use Technet, located				
on your desktop via the following icon.				
Please Note: Electronic signatures on this document are not acceptable				
Applicant's Signature: Date (dd/mm/yyyy):				
BELOW – TO BE COMPLETED BY YOUR SPONSOR/Line Manager				
By signing below, I, the sponsor/line manager/recruitment officer confirm that the applicant specified on this form should be				
issued access to the Trust network (basic account, e-mail account and internet access).				
Name				
Post Title				
Organisation				
Signature				
Contact Number				