**Application for NHS Wales email and NHS Wales M365 Teams ‘Lite’accounts**

This application form should be used to request NHS Wales email and Microsoft 365 accounts (inc. Enterprise Mobility & Security) for **qualifying Community Optometrists & Dispensing Opticians**: -

**Please note:**

* **Qualifying Community Optometrists & Dispensing Opticians who work across sectors in NHS Wales (e.g. currently work for a Health Board and locum in community optometry practice) will need to apply for a separate/additional NHS Wales email account to use when working in community optometry practice.**
* **Qualifying Community Optometrists & Dispensing Opticians who have previously worked in a different sector (e.g. worked for a Health Board) will no longer require the account, a new account will be set up by DHCW.**

# **Section A - User Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name including title: |  | | |
| Date of Birth: |  | Mobile number: |  |
|  |  | GOC/OQC number: (if registered) |  |
| Alternative E-mail address:  *For the issuing of confirmation of approval by the NWSSP* |  | | |

# **Section B - Employment Details**

|  |  |
| --- | --- |
| Job Title: / Role / Purpose: |  |
| Optometry Practice name and address:  *This should be the Optometry Practice at which you are primarily employed* |  |
| Postcode: |  |
| Optometry Practice ODS Code:  *This can be found here -* [*NHS Digital ODS Portal*](https://odsportal.digital.nhs.uk/) |  |
| Optometry Practice telephone number: |  |
| Does the staff member require access to Community Optometrist’s Practice Shared NHS Wales mailbox?  *NB: Maximum of 3 users per shared mailbox is permitted. Increases will be considered by exception only e.g. large branch >15 staff members* | ☐YES ☐ NO |
| If Yes, please provide Community Optometrist’s Branch Shared NHS Wales mailbox address: |  |
| Health Board name: |  |
| Expiry date of new user:  *Only complete if the user is on a fixed term contract* |  |
| Username: |  |
| Personal NHS Wales E-mail Address:  *For the issuing of confirmation of approval by the NWSSP* |  |

# **Section C – User and Senior Responsible Person Declarations**

**User Declaration:**

Please read the documents available under All Wales Policies for Primary Care Service Providers from [Information Governance Support for Primary Care - Digital Health and Care Wales (nhs.wales)](https://dhcw.nhs.wales/ig/information-governance/information-governance-support-for-primary-care/) and check the box below **to confirm that you have read and understand them.**

I have read and understand policies referenced above including my Local Optometry Information Governance Policy & Procedures

**Please tick one of the following, as applicable to you:-**

I confirm I have undertaken Information Governance and Data Protection training within the last 2 years via High Speed Training and I’ve also undertaken Cyber Security Training available from [learning@wales.nhs.uk](mailto:learning@wales.nhs.uk). I understand I will need to undertake NHS Wales IG and Cyber Security Training modules available for qualifying Community Optometrist users from [learning@wales.nhs.uk](mailto:learning@wales.nhs.uk) upon expiry of current training, and repeat this training every 2 years (or sooner should legislation be updated).

OR

I can confirm that I will complete the NHS Wales IG and Cyber Security Training modules available for Community Optometrist from [learning@wales.nhs.uk](mailto:learning@wales.nhs.uk) within 3 months of the date of this form. I understand I will need to re-undertake NHS Wales IG and Cyber Security Training modules available for qualifying Community Optometrist users from [learning@wales.nhs.uk](mailto:learning@wales.nhs.uk) upon expiry of current training and repeat this every 2 years (or sooner should legislation be updated).

OR

I confirm that I have undertaken NHS Wales IG and Cyber Security Training modules through ESR within the last 2 years, and attach my Certificate as evidence. Once this expires, I understand I will need to re-undertake equivalent training either via ESR or from [learning@wales.nhs.uk](mailto:learning@wales.nhs.uk) and repeat this every 2 years (or sooner should legislation be updated).

OR

I am employed by a Corporate/Non-Independent Organisation and I have undertaken equivalent IG and Cyber Security training within the last 2 years. Once this expires, I understand I will need to undertake NHS Wales IG and Cyber Security Training modules available for qualifying Community Optometrist users from [learning@wales.nhs.uk](mailto:learning@wales.nhs.uk) upon expiry of current training and repeat this every 2 years (or sooner should legislation be updated).

I agree to access and will use NHS Wales Email Service and the NHS Wales Office 365 applications in accordance with the principles outlined within the documents and training referenced. I understand that access to NHS Wales Email Service and NHS Wales Office 365 is monitored by NHS Wales and that any potential breach of access rights will be investigated and may result in suspension of these accounts.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Senior Responsible Person Declaration:**

I confirm I have undertaken required Information Governance and Cyber Security training within the last 2 years (see User Declaration for explanation of training requirements).

An Organisational IG Toolkit has been submitted to the required standard within the last 12 months.

***NB: Grandfather rights from DSPT will be honoured for 12 months commencing January 2023 as Standards Met in England has been achieved. Following this period, there will be an expectation to complete annually a self-assessment submission of a Welsh-specific IG Toolkit (under construction).***

|  |  |
| --- | --- |
| **Authorised by (Signature):** |  |
| **Print name:** |  |
| **Designation:** |  |
| **GOC/OQC no (if registered):** |  |
| **Email address:** |  |
| **Optometry Practice Shared mailbox address:** |  |
| **Date:** |  |

Please forward the completed form to:

Email: [nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk) – FAO Contracts Management

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