Please ensure this form is completed fully. Once completed, please Return this to the PCSE User Manager on **pcse.portalenquiries@nhs.net**

The User Manager will then process the application online using PCSE Online. Incorrect completion of this form may result in a delay in the processing of your application.

**Part A - Organisation Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Organisation (ODS) Practice Code  |  |  |  |  |  |  |  |
| Organisation Name  |  |
| Address Line 1  |  |
| Address Line 2  |  |
| Address Line 3  |  |
| Address Line 4  |  |
| Post Code  |  |
| Telephone Number  |  |
| Fax Number  |  |

PCSE Online User Administrator is an important role as this individual will be responsible for:

* Adding users and permissions at their organisation
* Deactivating users and user’s permissions when they are no longer required (this could be as users have left or are on long term absence form work)

As the user administrator for your organisation, you should ensure that a new individual will need to be appointed to take on the role if you leave the organisation.

More info on user management can be found here: [PCSE Online user management.](https://pcse.england.nhs.uk/user-management/)

**Part B –User Administrator User**

|  |  |
| --- | --- |
| Name  |  |
| Email Address (Must be an NHS email address for roles for Digitisation on Demand) |  |
| Telephone Number |  |
| Job Title |  |
| Declaration (please tick to show you have read and sign below)  | [ ]  I understand that the data accessed via the PCSE Portal is of a confidential nature and that ‘person identifiable data’ must not be passed on to a third party without the consent of the individual concerned. [ ]  I am aware of my responsibilities under the Data Protection Act and agree to abide by them. [ ]  I am aware that I will need to revoke access for the previous user administrator where needed. |
| Signature and date  |

# **GP Payments and Pensions**

|  |  |
| --- | --- |
| **Purpose for which access to system is required**  | **Role Required** |
| Responsibility for allocation of access for either* GP Practices
* ICB’s
* Commissioning regions

For users requiring the GP Payments and Pensions Roles, please refer to the User Management [user guide](https://indd.adobe.com/view/6267427a-d4e0-4d42-b024-bb61c3b2b904)  | [ ]  GPP - COM User Management[ ]  GPP - Practice User Management |

## GPP User Administrator Authorisation

|  |  |
| --- | --- |
| Name | GP Partner/Caldicott Guardian/Company Director |
|  |  |

I certify that the person named as User Administrator in part B has a justifiable purpose and legal basis for accessing the data requested. Please grant access as shown above.

Signature of Partner/Caldicott Guardian or Company Director of the named organisation.

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

# Primary Care Networks (PCN)

|  |  |
| --- | --- |
| **Purpose for which access to system is required**  | **Role Required** |
| Responsibility for allocation of access for either* GP Practices
* ICB’s
* Commissioning regions

For users requiring the GP Payments and Pensions Roles, please refer to the User Management [user guide](https://indd.adobe.com/view/6267427a-d4e0-4d42-b024-bb61c3b2b904) | [ ]  PCN – Admin (ICB or Commissioner)[ ]  PCN - Organisation Admin |

## PCN User Administrator Authorisation

|  |  |
| --- | --- |
| Name | Lead Commissioner or on AEL |
|  |  |

I certify that the person named as GPPP User Administrator in part B has a justifiable purpose and legal basis for accessing the data requested. Please grant access as shown above.

Signature of Lead Commissioner or Senior Finance User.

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