

RA01 - Part 1**Applicant details and declaration****Notice to applicants on the collection of personal data**

In accordance with the requirements of the National Programme for Information Technology (NPfIT), the personal data (as defined in the Data Protection Act 1998) that the applicant provides below in Part 1 of the Application for Registration (together with any personal data processed in relation to the applicant in support of this application) is collected for the purpose of identifying the applicant and processing this application and evaluate the applicant for suitability as an authorised user, if applicable to generate a personalised certificate and Smartcard for the authorised user, and for the purpose of managing the applicant's use of any health care systems that are part of the NPfIT.

In particular, this personal data will be used to validate and verify the applicant's identity to ensure that the applicant is correctly identified and appropriately authorised for access. The personal data in relation to the applicant will be processed by local Registration Authority/Authorities and may be shared with other Registration Authorities for the purpose of processing this application in accordance with the requirements of the Data Protection Act 1998 as amended and supplemented from time to time. This personal data may also be used to ensure that accurate information can be recorded regarding the applicant's use of systems.

In accordance with the Data Protection Act 1998, this personal data will neither be used nor disclosed for any other purpose and will be retained in accordance with the Registration Authority's data retention policy.

It is the applicant's responsibility to ensure that their personal data is accurate and kept up-to-date. The applicant may contact local RA or sponsor in relation to any queries they may have in connection with this application.

Please complete the following detailsTitle (eg Dr, Mr, Mrs etc.): **DR**First Name: **ANTHONY**Middle Name(s): **CHARLES**Family Name: **KNAPMAN**Preferred full Name: **DR A.C.KNAPMAN**National Insurance Number: **Code A**NHS Practitioner's code³: **Code A**Work phone number²: **02392 583333**Email address²:Post title: **G.P. PRINCIPAL**Organisation Name¹: **DR. P. A. BEASLEY & PARTNERS**Site Name¹: **FORTON MEDICAL CENTRE, FAREHAM & GOSPORT PCT**Date of birth (dd/mm/yy): **16/11/42**

Key 1. Both "organisation name" and "site name" are the DoH name of the organisation (e.g. Middletown PCT, Middletown Surgery)

2. Required for Registration Authority Managers, Agents and Sponsors

3. Please liaise with your Sponsor for what to enter in the "NHS Practitioner's code" field

RA01 - Part 1 cont.**Applicant details and declaration**

By signing this agreement, I, the applicant:

1. consent to the collection and use of my personal data in the manner described in the "Notice to applicants on the collection of personal data" above. I also agree to provide any additional information and documentation required by the Registration Authority in order to verify my identity;
2. confirm that the information which I provide in this application is accurate. I agree to notify my local Registration Authority immediately of any changes to this information;
3. agree that the Smartcard issued to me is the property of the NHS and I agree to use it only in the normal course of my employment;
4. agree that I will check the operation of my Smartcard promptly after I receive it. This will ensure that I have been granted the correct access profiles. I also agree to notify my local Registration Authority promptly if I become aware of any problem with my Smartcard or my access profiles;
5. acknowledge that I will keep my Smartcard private and secure and that I will not permit anybody else to use it. If I lose my Smartcard or if I suspect that it has been stolen or used by a third party I will report this to my local Registration Authority as soon as possible;
6. agree that I will only use my Smartcard, the NPfIT systems and all patient data in accordance with The NHS Confidentiality Code of Practice (as available on the www.dh.gov.uk site) and (where applicable) in accordance with my contract of employment and with any instructions relating to the NPfIT systems which are notified to me;
7. agree not to alter, tamper with or manipulate my Smartcard or any access profiles given to me;
8. acknowledge that my Smartcard may be revoked or my access profiles changed at any time without notice if I breach this Agreement, if I breach any guidance or instructions notified to me for the use of the NPfIT systems or if such revocation or change is necessary as a security precaution. I acknowledge that if I breach this Agreement this may be brought to the attention of my employer who may then take appropriate action (including disciplinary proceedings);
9. agree that the Registration Authority's sole responsibility is for the administration of access profiles and the issue of Smartcards for the NPfIT systems. The Registration Authority is not responsible for the availability of the NPfIT systems or the accuracy of any patient data.
10. agree to be bound the NCRS Acceptable Use Policy (as defined in the Glossary), or as advised by the Registration Authority's from time to time and to comply with any changes to the NCRS Acceptable Use Policy notified to me;
11. acknowledge that I, or my employer, shall notify my local Registration Authority at any time should we wish to terminate this Agreement and to have my Smartcard revoked eg. on transfer or cessation on my employment or other relevant change in my job role; and

(Continued overleaf)

RA01 - Part 1 cont.

Applicant details and declaration

12. acknowledge that these terms and conditions form a binding Agreement between myself and those organisations who have sponsored my role(s). I agree that this Agreement is governed by English law and that the English courts shall settle any dispute under this Agreement.

Applicant signature:

Code A

Date (dd/mm/yyyy):

07/06/2005

Applicant name (printed):

ANTHONY C. KNAPMAN

RA01 - Part 2 Glossary of terms

- **Applicant** means an individual who is in the process of registering to become an authorised user.
- **Application for registration** means this RA01 Form, completed by an applicant and a sponsor.
- **Authorised user** means a person who is authorised to use the NPfIT systems and has been issued a Smartcard.
- **Certificate** means the chip on a Smartcard holding encrypted data related to the authorised user.
- **NCRS Acceptable Use Policy** sets out the terms and conditions relating to acceptable use of those Services and facilities provided as part of the NHS Care Records Service ("NCRS") to applicants.
- **Data Protection Act** means the Data Protection Act 1998 as amended and supplemented from time to time.
- **NPfIT** means the National Programme for Information Technology.
- **Personal Data** means data from which an applicant can be identified, as defined in more detail in the Data Protection Act.
- **Profile** means the specific areas of NPfIT systems which the user is authorised to access.
- **Registration Authority (RA)** means any entity that is appointed by the Department of Health as being responsible for the identification and authentication of applicants.
- **Smartcard** means the card issued to an authorised user which enables access to NPfIT systems.
- **User's Unique ID Number** means the number to the left of the photograph on the Smartcard, underneath the chip, also referred to as the UUID.
- **Smartcard Serial Number** means the number on the back of the Smartcard which is the manufacturer's card identifier.
- **Sponsor** means the individual identified by the organisation who has been appointed to designate and approve access to information and functionality of NPfIT systems.
- **Systems** means the IT systems which are available within the NPfIT programme, sometimes referred to as NPfIT applications.

RA01 - Part 3

Sponsor and RA use only

Applicant's initial profiles and sponsor declaration:

Organisation to which the job roles are to be assigned: Code:

DR. P. A. BEASLEY & PARTNERS	J82100
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Applicant's Job Role²: Code:

GENERAL MEDICAL PRACTITIONER	R0260
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Applicant's Area of Work²: Code: Business Function(s) req.²: Code:

GENERAL PRACTICE	T1670	REFERRING CLINICIAN	B1101

Applicant's Job Role²: Code:

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Applicant's Area of Work²: Code: Business Function(s) req.²: Code:

Notes

1. This page allows 2 job roles to be completed for the applicant, if more are required complete and attach additional pages as necessary.
2. Job roles, area of work and business function are as defined in 'IGRBAC Control Names and Codes V8' or later.
Note for Choose and Book business functions, only one is permitted per Job Role.

RA01 Form - Part 3 cont.

Sponsor/RA use only

By signing below, I, the sponsor:

Confirm that the **post title** specified in Part 1 and the profiles detailed in this Part 3 are correct and should be applied to the authorised user detailed in Part 1 by the RA and that I do*/don't* confirm the identity of this applicant i.e. I have known or have assurance from HR that the user has 2 continuous years service with our organisation.

Sponsor's signature: _____

Code A

Sponsor's name (printed)

P. A. BEASLEY

Sponsor's organisation:

DR. P. A. BEASLEY & PARTNERS

Sponsor's Smartcard UUID number:

Date (dd/mm/yyyy)

21.6.05

*Delete where applicable

For RA completion only:

Sponsor present?

Yes* No*

Sponsor verifies identity?

Yes* No*

Passport, Photocard driving licence or Birth cert. no.:

Date of Smartcard issue (dd/mm/yyyy):

Confirmation of address seen?:

Yes* No*

Issuing RA's Smartcard UUID number:

Code A

Issuing RA's name:

HELEN DUNN

Issuing RA's signature:

Code A

Issued Smartcard UUID number:

*Delete where applicable