**AGREEMENT FORM – Sponsor**

**Information for Sponsors**

A Sponsor is appointed and entrusted to act on Behalf of their organisation to Identify staff requiring a smartcard and to determine the appropriate level of access for them.

They should:

* Be familiar with the different types of Access Control Positions they are approving and understand the implications of assigning this access.
* Work with RA Agents to maintain access to NHS CRS compliant applications within their area of responsibility that is consistent with the ‘NHS Confidentiality Code of Practice’. This includes Access Control Position assignment and removal, and the revocation of NHS Smartcards and NHS Smartcard certificates.
* Ensure your (Sponsor) contact details including email address and telephone numbers are recorded in Care Identity Services. (CIS).
* Complete the mandatory IG training.
* Complete any local training required.
* Inform the RA Team if a user in their organisation is leaving or no longer requires the access they have been assigned so that this access can be revoked or indeed remove this access themselves using CIS.
* Inform the RA Team if there is are any changes to a User’s personal details (i.e. name change).

A sponsor will also have the ability to renew expiring smartcards and unlock blocked smartcards for Users in a face-to-face situation. Smartcard Administrators will also be granted these rights (with approval of the sponsor).

**Terms and Conditions for Sponsors**

(This is additional to the National Terms and Conditions of Smartcard use)

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| I agree to undertake any training provided by the SCW CSU RA Team in order to act as a sponsor within my organisation. |
| I confirm that I have read and understood the information within this RA Sponsor Agreement and to uphold the following codes of Practice:1. SCW CSUs Registration Authority Policy and Procedures.
2. The Data Protection Act 1998
3. NHS Care Record Guarantee
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| I understand that this agreement is entirely voluntary and I will not receive any financial reimbursement. |
| I understand that I am accountable to my employer and the SCW CSU RA Manager(s). |

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| Name: |  |
| Smartcard Number: |  |
| Organisation Name: |  |
| Organisation ODS Code: |  |
| Email Address: |  |
| Telephone Number: |  |
| Signature: |  |
| Date: |  |

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| Form | SCW CSU IT Services: Registration Authority FormAgreement Form - Sponsor  |
| Version | 2.0 |
| Author | Michelle Wheatfill |
| Date | 04/01/2017 |

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