**AGREEMENT FORM – RA Agent ID Checker**

**Information for RA Agent ID Checkers**

An RA Agent ID Checker is appointed and entrusted to act on Behalf of their organisation to confirm the identity of users that require access to NHS Spine applications. They will do this in line with the NHS Employers ID Check verifications and in line with the national and local procedures.

They should:

* Perform ID checks in accordance with the NHS Employers ID check verification guidance.
* Refer to the RA Manager if they have any queries they are unable to resolve.
* Ensure your contact details including email address and telephone numbers are recorded in the Care Identity Services (CIS).
* Complete any mandatory IG training.
* Complete any local training required.
* Work with the sponsor to make sure the correct access is assigned.
* Complete the relevant forms as per training or use CIS where forms are no longer used.

An RA Agent ID Checker will also have the ability to renew expiring/Expired smartcards and unlock blocked smartcards for Users in a face-to-face situation.

**Terms and Conditions for RA Agents**

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

|  |
| --- |
| I agree to undertake any training provided by the SCW CSU RA Team in order to act as an RA Agent ID Checker within my organisation. |
| I confirm that I have read and understood the information within this RA Agent Agreement and to uphold the following codes of Practice:1. SCWCSUs Registration Authority Policy and Procedures.
2. The Data Protection Act 1998
3. NHS Care Record Guarantee
 |
| 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). |

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

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

|  |
| --- |
| Document Versions |
| Version | **Status** | **Author** | **Date of Issue** | **Comments** |
| 0.1 | Draft | Michelle Wheatfill |  | Initial Version |
| 2.0 | Final | Michelle Wheatfill | 04/01/2017 | Version control added |