Letter to Appoint Sponsors and/or RA Agent ID Checkers

Dear SCW CSU RA Team

Please see details below of the Smartcard Holder(s) who I would like to appoint to be Sponsors and/or RA Agent ID checkers within my organisation.

|  |  |  |  |
| --- | --- | --- | --- |
| Appointment to position of: | Name | Smartcard number | Job role |
| SponsorResponsible for assigning/removing access to/from Smartcard users |  |  |  |
| RAA ID CheckerResponsible for carrying out ID Checks and creating new Smartcard users in CIS. |  |  |  |

My details are below.

|  |  |
| --- | --- |
| Name |   |
| Job role (Please note you must be the manager/owner of the organisation to appoint Sponsors and RAA ID Checkers) |  |
| Organisation Name |  |
| Organisation Code |  |

I charge the appointed Sponsors/RAA ID Checkers with the responsibility of ensuring that they follow SCW CSU RA Processes. They will only grant access/create users where there is a clinical or business need to do so in accordance with the Department of Health Policies.

The RA Agent ID Checker(s) appointed will carry out the ID Checks as per the national processes and will record all ID documentation accurately within the Care Identity Service application.

Yours Sincerely

Name

Date

|  |  |
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| Template | SCW CSU IT Services: Registration Authority TemplateAppointment Letter template for Sponsors and RAA ID Checkers  |
| Version | 2.0 |
| Author | Michelle Wheatfill |
| Date | 04/01/2017 |

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| Document Versions |
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| 0.1 | Draft | Michelle Wheatfill |  | Initial Version |
| 2.0 | Final | Michelle Wheatfill | 04/01/2017 | Version control added |
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