

Section A – Authorisation <i>(By Practice Manager / Lead GP)</i>			
Role		Practice Number <i>(Z00xxx)</i>	
Name		Telephone Number	
Signature		Date	

Section B – Staff Member Details	
Name	
User Type <i>(GP / Staff)</i>	
Existing HSCNI ID <i>(e.g.: jbond007)</i>	
Date of Closure	

Section C – Access to be Removed <i>(Please Tick)</i>			
FPPS GP Payments Portal		HSCNI Email Account	

To comply with BSO governance, audit and IT requirements, the above user request must be completed by a Practice Manager or Lead GP within the Practice (Section A).

It is the practices' responsibility to ensure that the appropriate user accounts are rescinded whenever access is no longer required.

BSO FPS eBusiness cannot process incomplete forms, these shall be returned.