ICE Access Request Form - GP Practices

**Once complete, please return to:**

**The LDH IT Service Desk –** [**itservicedesk@ldh.nhs.uk**](mailto:itservicedesk@ldh.nhs.uk)

|  |  |
| --- | --- |
| Name of Practice: |  |
| Practices National Code: |  |
| Practice Manager: |  |
| Direct contact number for Practice Manager: |  |
| Email address for Practice Manager: |  |
| Email for account information to be sent to:  (This email will receive all new user account set up confirmations) |  |

(Please make sure the above information is correct at time of request)

**Please complete the appropriate section below, making sure that all relivant information is supplied. Any missing information could lead to a delay in the account being created**

**General Practitioners**

|  |  |
| --- | --- |
| First name: |  |
| Surname: |  |
| Professional Registration number (GMC): |  |
| Practice lead: (if yes, please provide GMP number below) | Yes / No |
| GMP: |  |
| Job role: |  |
| Any additional access required: |  |
| Locum?: (if yes, please specify for how long) |  |

**Allied Health professionals**

|  |  |
| --- | --- |
| First name: |  |
| Surname: |  |
| Professional Registration number: |  |
| Job role: |  |
| Any additional access required: |  |

**Administrative services**

|  |  |
| --- | --- |
| First name: |  |
| Surname: |  |
| Job role: |  |
| Any additional access required: |  |

***Please notify the Trust when staff leave so they can be removed and unlinked from your practice on our system.***