**Sentinel Access Request Form**

**Part 1- Requestor and Request Information.**

**Please complete the name of the person who requires access and the details of the approver below. You will receive a response within 5 working day from Sentinel@mitie.com.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Requester and Sponsor Information** | | | |
| Name: |  | Contact details: |  |
| Organisation |  | Role: |  |
| Sentinel ID |  | Email |  |
| Date of Submission: | Click or tap to enter a date. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approval Information** | | | |
| Approver Name: |  | Contact details: |  |
| Organisation |  | Role: |  |
| Date of Approval | Click or tap to enter a date. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| New access request |  | Change of access request |  |
| Removal of access request |  | Access renewal |  |
| Other |  |  |  |
| If other, please specify |  | | |

**Please select from one of the below requirements that fits your request:**

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# Part 2- New, Change and Renew Access Request Details

**Please complete the below sections with further details for your request, this does not need to be completed if you are request removal of access please see part 3.**

**Select from one of the below what data you require access to:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Type** | **Read Only** | **Create** | **Amend** | **Remove** |
| Trainer/Assessor/Invigilator |  |  |  |  |
| Scheme members competences |  |  |  |  |
| Medical data |  |  |  |  |
| Location data |  |  |  |  |
| Medical Providers |  |  |  |  |
| Sponsor |  |  |  |  |
| Training and assessments |  |  |  |  |
| Fatigue and swipe in |  |  |  |  |
| Training Providers |  |  |  |  |
| Track Visitor Permit |  |  |  |  |
| Cards |  |  |  |  |
| Other |  | | | |
| If other, please specify |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Training Provider |  | Trainer/Assessor |  |
| Medical Provider |  | Safety Role |  |
| Sponsor Administrator (supply chain) |  | Network Rail Sponsor Administrator (supply chain) |  |
| Site Access Administrator |  | Web Check |  |
| Location Administrator |  | Track Visitor Permits |  |
| Network Rail Administrator |  | NSARE |  |
| MITIE Administrator |  |  |  |

**Please select the access role you require in Sentinel**

|  |  |  |  |
| --- | --- | --- | --- |
| Training Provider |  | Trainer/Assessor |  |
| Medical Provider |  | Safety Role |  |
| Sponsor Administrator (supply chain) |  | Network Rail Sponsor Administrator (supply chain) |  |
| Site Access Administrator |  | Web Check |  |
| Location Administrator |  | Track Visitor Permits |  |
| Network Rail Administrator |  | NSARE |  |
| MITIE Administrator |  |  |  |

**If this is a change request, please select the role they currently hold**

|  |  |  |  |
| --- | --- | --- | --- |
| Permanent |  | Provisional Access |  |
| If provisional, please specify how long you require access? |  | | |

**Please select and specify how long you require access**

|  |  |
| --- | --- |
| Current username (if preferable) |  |
| Preferred username |  |

**Please complete the current username or if it is new request preferred username:**

|  |  |  |
| --- | --- | --- |
| **T**ask Undertaken | Why this requires Sentinel access | If access is not granted what is the impact to your business? |
|  |  |  |
|  |  |  |
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|  |  |  |

**Provide a brief description of the tasks, rationale of why you need perform this and impacts in the table below.**

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# Part 3- Access Removal

**Please complete the below sections with further details for your access removal request**

|  |  |
| --- | --- |
| Current username (if preferable) |  |
| Preferred username |  |

**Please complete the current username**

|  |  |  |  |
| --- | --- | --- | --- |
| Training Provider |  | Trainer/Assessor |  |
| Medical Provider |  | Safety Role |  |
| Sponsor Administrator (supply chain) |  | Network Rail Sponsor Administrator (supply chain) |  |
| Site Access Administrator |  | Web Check |  |
| Location Administrator |  | Track Visitor Permits |  |
| Network Rail Administrator |  | NSARE |  |
| MITIE Administrator |  |  |  |

**Please select the role they currently hold**

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# Version Control

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Version Control | | | | | |
| Version | | Date | Author | Summary of Change | |
| 0.1 | | 04/03/2021 | Laura Smith | Document creation | |
| 0.2 | | 08/03/2021 | Laura Smith | Document update following comments | |
| 0.3 | | 11/03/2021 | Laura Smith | Document update following walkthrough | |
| Document Reviewer(s) | | | | | |
| Version | Reviewer | | | | Date |
| 0.1 | Pam Hayre | | | | 05/03/2021 |
| 0.2 |  | | | |  |