

NHS e-Referral Service - Initial Connection Approval Form

FORM #1: For completion by the End User Organisation Chief Information Officer

Organisation name: _____

Organisation full address: _____

I, (name) _____, (role) _____ at
(organisation) _____, confirm that I have read
and understood the guidance found at <http://www.digital.nhs.uk/services/e-referral-service/api/app-restricted-api-access>.

I hereby give my approval for (system name) _____ provided by
(supplier name) _____ to connect to NHS e-Referral Service for the
purposes of: *(tick those that apply)*

- Downloading clinical and/or administrative information – read only
- and/or an automated administrative write process*

* Please also complete the form on page 2

For (organisation name) _____ with
ODS code of (ODS Code) _____ using the NHS e-Referral Service application-
restricted APIs.

I hereby nominate (name) _____, (role)
_____, (UUID - smartcard number) _____ to be the senior
responsible person and understand that all transactions will be recorded in the NHS e-Referral Service
audit logs against this person.

I hereby confirm that I understand that if this person's role lapses all clinical and/or administrative
information will cease to flow via the NHS e-Referral Service application-restricted APIs, and that I am
required to provide 4 weeks' written notice to the NHS e-Referral Service of a change to the senior
responsible person to prevent this occurring.

Signature: _____

Date: _____

Contact email address: _____

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FORM #2: For completion by the End User Organisation Caldicott Guardian**

(only fill this form out if your organisation is using an automated write process)

***If the CIO is the same individual as the Caldicott Guardian, the form below is still required as this form is being signed in the context of a CG role and using automated write capability.*

Organisation name: _____

Organisation full address: _____

I, (name) _____, (role) _____ at
(organisation) _____, confirm that I have read
and understood the guidance found at <http://www.digital.nhs.uk/services/e-referral-service/api/app-restricted-api-access>.

I hereby give my approval for (system name) _____ provided by
(supplier name) _____ to connect to NHS e-Referral Service for the
purposes of an automated administrative write process and understand that all transactions will be
recorded in the NHS e-Referral Service audit logs against the senior responsible person.

For (organisation name)
_____ with ODS code of
(ODS Code) _____ using the NHS e-Referral Service application-restricted APIs.

Signature: _____

Date: _____

Contact email address: _____

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FORM #3: For completion by the Connecting Party (Supplier)

Application Name: _____

Application ID: _____

ASID: _____

Confirmation of ODS Code: _____

Signature: _____

Date: _____

Contact email address: _____

Automated process checklist for the Connecting Party (Supplier)

As part of implementing an automated write process, you must ensure these items are completed: *(tick those that apply)*

have your use case approved by e-RS FHIR API Partners team
(england.nhserspartners@nhs.net)

keep an audit log

consider how you will evidence your automated solution via the audit log

plan how you will continuously monitor all automated processes

establish an exception monitoring process to manage failures

undertake a clinical risk assessment as per the [DCB0160](#) standard

**Please submit this form to the e-RS FHIR API Partners team at
england.nhserspartners@nhs.net**