

For completion by the End User Organisation Chief Information Officer

Organisation name: _____

Organisation full address: _____

NHS e-Referral Service

Senior Responsible Person Change Request Form

I, (name) _____, (role) _____

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

I confirm that the organisation named above has previously submitted an NHS e-Referral Service Initial Connection Approval Form.

I hereby request that the senior responsible person for this connection be changed

From: (name) _____, (role) _____,

(UUID - smartcard number) _____

To: (name) _____, (role) _____,

(UUID - smartcard number) _____

I understand that all transactions undertaken by the organisation named above using the NHS e-Referral Service application restricted APIs will be recorded in the NHS e-Referral Service audit logs against this newly nominated 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 any further changes to the senior responsible person to prevent this occurring.

Signature: _____

Date: _____

Contact email address: _____

For completion by the Connecting Party (Supplier)

Application Name: _____

Application ID: _____

ASID: _____

Confirmation of ODS Code: _____

Signature: _____

Date: _____

Contact email address: _____

Please submit this request to the e-RS Partners inbox - nhserspartners@nhs.net