

E rostering Login and Training Request Form

Use to request the following:

- Health Roster - Maps Manager - Login and Training
- Relevant Permissions will be given to match the e rostering Profiles to the Job role
- Visible Wards/Departments required

The applicant's personal data, as collected in this form, is processed in accordance with the Data Protection Act 1998. All applicants must read and agree to the conditions detailed in **Part D** prior to being given e-Rostering Health Roster Maps Manager Logins and Permissions and Visible Wards/Departments.

This document comprises of the following sections:

Section	Description	Completion Required by
Part A	Applicant details	Applicant
Part B	E rostering Login and training requirements	Line Manager
Part C	Line Manager Declaration	Line Manager
Part D	Terms and Conditions & Signature	Applicant

This application/training may be delayed if Parts A, B & C are incomplete. Electronic forms are only accepted and should be e-mailed to your Divisional E Roster Facilitator. e-Rostering@bfwhospitals.nhs.uk,

Part A: Applicant Details - to be completed by the applicant (system user)

Title (eg, Mr, Mrs, Miss, Ms etc)	
First Name:	
Surname Name:	
Assignment No:	
Job Title and Grade	
Ward/Dept & Division	
Contact Telephone Number	
Work email Address	

Part B: E Rostering – Login and Training Requirements - to be completed by the Line Manager
(Please indicate if login required or Training or refresher is required.) Please Note: If a login is required then training will take place before the login is given.

<p>Health Roster Maps Manager: This training programme is aimed primarily at employees who will manage staff/roster units as part of their their job role.</p> <p>Login to Maps Manger with Full Training on Health Roster Maps Manager</p> <p>Refresher Training on Health Roster Maps Manager</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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Health Roster Maps Manager Login Inclusive of Full Training

(2 x 1 hour sessions are required for the full training, Which can be booked at various times over a 3 - 6 month period).

Login Details: This will be given during the first training session.

Maps Manager Training

1. Logging in/out of Maps Manager
2. Resetting Maps Manager Password (Security of your password)
3. Understanding the Maps Manager Screen
4. Different Views & View Date
5. Maps Manager Tool Bars
6. Show/Assigning Vacant Duties (Allocating Registered and Unregistered shifts)
7. Assigning Non-Effectives
 - Annual Leave (managing this through the year)
 - Parenting Leave
 - Sickness
 - Time Owing
 - Supernumerary Status
 - Study Leave
8. Managing Employee Requests via EOL
9. Adjusting Shift/Break Times (when relevant)
10. Moving Staff
11. Requesting Additional Shifts via Matron
12. Finalising Rosters and Duties and Locking Down Shifts
13. Auto Roster
14. Assigning Overtime/On-call/call out
15. Requesting Zero Hours/Agency Fulfilment
16. Approving and Analysing Rosters
17. Printing Rosters
18. Running Reports (Staff contract details, annual Leave etc)
19. Management Reports for Payroll Queries
20. Working with your E roster Facilitator
21. Understanding your role as a Maps Manager (yearly mandatory tasks you may have to undertake)
22. KPI Reporting
23. KPI Assurance reporting
24. E rostering meetings
25. Other Queries and further training sessions

This is not a full list and will be reviewed on a regular basis.

Refresher Training

Please details below what areas of training you require. (See list above for example).

Visible Units/Wards Required

Primary (main responsibility):

Secondary (cross cover):

Part C – Line Manager’s Declaration - to be completed by the Line Manager sponsoring access to the Trust system(s).

I request access for the applicant named below (and in Part A) to be granted access to the E Rostering Maps Manager System selected in Part B of this form. The access is required to support the direct provision of managing Staff shifts, rotas, leave, sickness etc while working at Blackppol Hospitals. I understand that I must inform the E Rostering Team/Facilitator in the event of the above employee changing roles, leaving the organisation or requiring suspension from system access.

Line Manager details:

Name: (BLOCK CAPS)

Job Title: (BLOCK CAPS)

Organisation: (BLOCK CAPS)

Contact Number:

Signature Date

Part D – Terms and Conditions of User ID and password use - to be completed by the applicant upon receipt of their Login Details and password

I (insert name IN CAPITAL LETTERS)

confirm that I have been trained in the use of the Maps manager listed above and have received access to information held on the system(s) described above via Login and password. I understand that:

- I have been allocated this Login and password in order to undertake duties in my role. I agree to liaise with my Line Manager to ensure that any changes to this (e.g. relevant change in job role) are reported immediately to the relevant E rostering Facilitator Administrator(s).
- Training in the use of these system(s) is essential and confirm that I have undertaken, and understand, the role based training provided to me.
- I must update the initial password on first logon and then at regular intervals not repeat the use of a password (in Allocate Healthroster v10 a password prompt will be given).
- I must not make any electronic or written copies of my Password (this includes function keys) and will take all reasonable steps to ensure that I always leave my workstation secure when I am not using it by logging out of the system application.
- I must immediately change my password allocated to me should I have any reason to believe that it may have become known to another individual.
- I must never share my User ID and password.
- I must never use a User ID and password allocated to someone else.
- I am authorised only to access the personal information held on the systems described above required to provide / assist in the provision of direct healthcare related to staff records. Should I require information for any other purpose I must first contact the e rostering system administrator.
- Understand that my details will be retained indefinitely in order to provide a audit to activities undertaken by me on these systems.
- System access may be revoked or my access profiles changed at any time without notice if I breach this Agreement; if I breach any guidance or instructions notified to me for the use of the system and I acknowledge that if I breach this Agreement this may be brought to the attention of my Line Manager (or governing body / other NHS employer / employer in relation to independent contractors) who may then take appropriate action (including disciplinary proceedings and / or criminal prosecution).

I am signing to confirm that:

- I have successfully completed the Initial training programme(s) and will book in for further training if required.
- I am in receipt of my User ID(s) and password(s)
- I agree with the above Terms and Conditions of use.
- I am up-to date with mandatory role based Information Governance Training and will remain so.

Applicant's signature **Date**.....