# NHSmail account application form for Optometrists

Please email your form to your regional contact at **Servicedesk.scwcsu@nhs.net** and CC **England.bgsw-optom@nhs.net**

**When you send your form, you must provide evidence that you have completed the Data Security and Protection Toolkit by sending an assessment report with your application (one is sufficient per practice). A screen-shot of your final pass score (assessment progress) achieved will be accepted as evidence. An example of the assessment progress can be seen in section 4.2 of the DSPT Start Guide.**

**For further information see:** [**https://www.dsptoolkit.nhs.uk/**](https://www.dsptoolkit.nhs.uk/) **Register and/or login then complete the self-assessment tool.**

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| --- | --- | --- | --- |
| Name: |  | Role: |  |
| Email address: |  |
| Organisation name and address: |  |
| Organisation data service (ODS) code (if applicable): |  | Organisation telephone number: |  |
| **Optometrists** – GOC registration number: |  |
| **Dentists** – GDC registration number: |  |
| Does your organisation already hold any NHSmail accounts? Y/N |  | If yes, please provide the email address(es): |  |
| Number of individual person accounts required, preferred account name and mobile number for each account owner\* |  |
| Do you require a shared mailbox for your organisation? If yes, please state the preferred mailbox name (it may not be possible to use the exact name requested). Please also confirm the account owner name and mobile number\* |  |
| Reason accounts are required – what type of information will be exchanged and how frequently? |  |

# Further help

If you do not receive confirmation about your application within two weeks, please contact feedback@nhs.net so the request can be escalated.

\*For identification prior to new account passwords being confirmed.