

## Early Help Module – External User Registration Form

- Please ensure that you have the following before applying to use the EHM system:
  - A current enhanced CRB or Disclosure and Barring Service (DBS) check
  - HSCB Introduction to Safeguarding training or equivalent completed within the last 3 years
  - **o** Basic Data Protection training completed within your own agency
- Once completed, this form must be emailed FROM THE MANAGER'S EMAIL ACCOUNT to: <u>earlyhelphub@hounslow.gov.uk</u> with the subject heading 'New EHM User Registration'
- This is required so that we can verify the line manager's authorisation for the application(s).

| TO BE COMPLETED BY THE APPLICANT'S/APPLICANTS' LINE MANAGER |  |  |  |
|---|--|--|--|
| MANAGER'S DETAILS   |  |  |  |
| Title (Mr/Mrs/Dr/Miss, etc.):                               |  |  |  |
| Forename:   |  |  |  |
| Surname:  |  |  |  |
| Job Title:  |  |  |  |
| Name of Organisation / Service:                             |  |  |  |
| Work email address:   |  |  |  |
| Work landline phone number:                                 |  |  |  |
| Work Address and postcode:                                  |  |  |  |
|   |  |  |  |
|   |  |  |  |

| Name(s) of<br>Applicant(s) | Job Title | Sector     | Work E-mail Address<br>(MANDATORY) | Work Telephone Number<br>(MANDATORY) | Work Address and Postcode (If different from above) |
|----------------------------|-----------|------------|------------------------------------|--------------------------------------|---|
|                            |           | Choose one |                                    |                                      |   |
|                            |           | Choose one |                                    |                                      |   |
|                            |           | Choose one |                                    |                                      |   |
|                            |           | Choose one |                                    |                                      |   |
|                            |           | Choose one |                                    |                                      |   |
|                            |           | Choose one |                                    |                                      |   |
|                            |           | Choose one |                                    |                                      |   |
|                            |           | Choose one |                                    |                                      |   |
|                            |           | Choose one |                                    |                                      |   |
|                            |           | Choose one |                                    |                                      |   |

| SECURITY INFORMATION (This MUST be completed by Manager)  |                         |  |  |  |
|---|-------------------------|--|--|--|
| SPECIFY YES OR NO – DELETE AS APPROPRIATE   | Please choose an option |  |  |  |
| Have you or an HR professional in your organisation seen a <b>current</b><br>enhanced Criminal Records Bureau (CRB) or a Disclosure and Barring Service<br>(DBS) disclosure which has a clear status for this/these applicant(s)? | Choose an item.         |  |  |  |
| Are you satisfied that the applicant(s) is/are suitable person(s) to access the Early Help Module (EHM) system?   | Choose an item.         |  |  |  |
| Can you confirm that the applicant(s) has/have attended Level 1<br>Safeguarding training or equivalent within the last 3 years?   | Choose an item.         |  |  |  |
| Can you confirm that the applicant(s) has/have completed basic Data<br>Protection training within your own agency?  | Choose an item.         |  |  |  |

| Can you confirm that there exist within your own organisation policies/processes which outline staff responsibilities in relation to data protection and security and to which staff must comply?  | Choose an item.  |
|--|--|
| <ul> <li>Please tell us if any of the applicant/s above is already a registered user of Early Help Module, and the request is because they have changed roles or now work for another agency etc.</li> <li>Providing this detail will help us to update their current user account to reflect the change, rather than create a new user account for them.</li> </ul>   | Choose an item.<br>If Yes please give their user name for Early Help Module (EHM) and<br>previous email address used to register for Early Help Module (EHM)<br>Early Help Module (EHM) User Name: |
|  | Previous Email Address:  |
| I certify that, to the best of my knowledge, the information provided on this<br>form is true and accurate. I am content to support <b>the above named in their</b><br>application to become users of the EHM system, and I confirm that they<br>require access in order to carry out their professional role. As line manager<br>for the above-named person(s), I am aware that it is my responsibility to<br>inform the Early Help Hub when any member of staff leaves their current<br>role, and to request suspension of their EHM system access rights.<br><b>Manager Name:</b> |  |
| Date:  | DD/MM/YYYY   |

Approval by LBH Early Help Hub Team Manager:

Manager Name:....

Date:

Should you require any support to complete the Registration Form please contact:

Hounslow Early Help Hub team on 0208 583 6653 or on <u>earlyhelphub@hounslow.gov.uk</u>