

## Secure Remote Access Service (SRAS) 3rd Party Application Form

This form should be completed by:

- Staff in a 3rd party organisation requiring to connect remotely to the University network to provide system support (Sections 1, 2 and 3), and
- A University System Owner needing to sponsor a 3rd Party to gain access for remote support purposes (Section 4) (See [Advice Notes 6-8](#)).

Please note:

- The System Owner is responsible for liaising with the IT Service Desk and the 3rd Party to ensure remote access requirements are clearly defined and to ensure appropriate system access controls are implemented during SRAS provision. (See [Advice Notes 6-8](#))
- All details including approvals must be completed before sending to Digital Services.

(For assistance completing, contact the IT Service Desk on 028 9536 7776 or email [servicedesk@ulster.ac.uk](mailto:servicedesk@ulster.ac.uk))

Advice Notes are available at the following link: <https://www.ulster.ac.uk/ds/services/networking/secure-remote-access-service-sras>

### 1) 3rd Party User Details

Details required relate to an individual user of SRAS within the 3rd Party.

<b>Full Name:</b>	<b>Title:</b>
<b>Company Name:</b>	<b>Job Title:</b>
<b>Contact Number:</b>	
<b>Email:</b>	
<b>Mobile Number (used to receive SRAS Code):</b> [including full international country code]	
<b>Remote Client Operating System(s) to be used:</b> [OS of device(s) making SRAS connection - e.g. Windows 7, Windows 8, Windows 10, Mac OSX, Linux]	
<b>Remote Protocol Required:</b> Telnet            SSH            RDP            Other            (please specify below)	
<b>Reason for requesting SRAS</b> (Detail which 3rd party system access is required to)	

## 2) 3rd Party Agreement to Conditions of Acceptance

- i. I will ensure that any known security-related patches are applied to SRAS connected devices  
(See [Advice Note 3](#))
- ii. I accept that the service may be withdrawn without notice if a breach of security is suspected
- iii. I accept that system monitoring will occur for the purposes of maintenance and operation of SRAS  
(See [Advice Note 4](#))
- iv. I confirm that the above service will be used in accordance with the regulations and codes of practice as specified by the University's Acceptable Use Code of Practice and associated Policies:  
<https://www.ulster.ac.uk/ds/it-policies>

<b>Signed:</b>	<b>Date:</b>
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## 3) To be completed by the 3<sup>rd</sup> Party Applicant's Manager

In approving this application, I have considered the above information to be correct and agree to the business justification for the service.

<b>Signed:</b> (3 <sup>rd</sup> Party Manager)	<b>Date:</b>
<b>Print Name:</b>	
<b>Email:</b>	

(When Sections 1, 2 and 3 are complete, please forward to the University System Owner)

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### THE FOLLOWING SECTIONS TO BE COMPLETED BY ULSTER UNIVERSITY

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## 4) System Owner Details

(Details required are the sponsoring University System Owner)

<b>Full Name:</b>	<b>Title:</b>
<b>Staff Number:</b>	<b>Job Title:</b>
<b>Faculty/Department:</b>	<b>Room Number:</b>
<b>Campus:</b>	<b>Contact Number:</b>
<b>Email:</b>	
<b>Has the 3rd Party signed the University's 3rd Party processing Agreement?:</b> (See <a href="#">Advice Note 7</a> . If not already provided during a previous SRAS application, then signed agreements must accompany this application. One copy will be accepted as part of a batch of multiple SRAS Application Forms)	
<b>Are the associated System Owner responsibilities (outlined in <a href="#">Advice Notes 6-8</a>) understood and agreed to?:</b>	

## 5) Cost of Service

This service is free of charge.

**6) To be completed by the System Owner’s Dean or Director**

In approving this application, I have considered the above information to be correct and agree to the business justification.

<b>Signed:</b> (Dean/Director)	<b>Date:</b>
<b>Print Name:</b>	

Once countersigned by a Dean or Director, please forward this form to [servicedesk@ulster.ac.uk](mailto:servicedesk@ulster.ac.uk)

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**THE FOLLOWING SECTION IS FOR DIGITAL SERVICES USE ONLY**

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**7) To be completed by the Director of Digital Services (or nominee)**

In approving this application, I authorise provision of SRAS access to the 3rd party applicant named in Section 1.

<b>Signed:</b>	<b>Date:</b>
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If approved, forward to the Digital Services IT Service Desk.

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**For Service Desk Use**

**Assigned AD aCode/Local Account:**

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