

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 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 ISD.

(For assistance completing, contact ISD Service Desk on extension 66777 or email servicedesk@ulster.ac.uk)

1) 3rd Party User Details (Details required relate to an individual user of SRAS within the 3rd Party)

Full Name: Title:

Company Name: Job Title:

Contact Number: Email:

Mobile Number (used to receive SRAS code).....
[including full international country code]

Remote Client Operating System(s) to be used:.....
[OS of device(s) making SRAS connection - e.g. Windows 7, Windows 8, Windows 10, Mac OSX, Linux]

Remote Protocol Required: Telnet SSH RDP Other (please specify below)

.....
Reason for requesting SRAS:

(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 I accept that the service may be withdrawn without notice if a breach of security is suspected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: www.ulster.ac.uk/isgsc/

Signed: Date:

3) To be completed by the 3rd 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.

Signed: Date:.....
(3rd Party Manager)

Print Name: Email:

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

THE FOLLOWING SECTIONS TO BE COMPLETED BY ULSTER UNIVERSITY

4) System Owner Details (Details required are the sponsoring University System Owner)

Full Name: Title:

Staff number: Job Title:

Faculty/Department: Room Number:

Campus: Contact Number: Email:

Has the 3rd Party signed the University's 3rd Party processing Agreement?: Yes / No
(See Advice Note 7. 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)

Are the associated System Owner responsibilities (outlined in Advice Notes 6-8) understood and agreed to? Yes / No

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.

Signed: Date:.....
(Dean/Director)

Print Name:

Once countersigned by a Dean or Director, please forward this form to the ISD Service Desk, Room 7C15A, Jordanstown Campus.

THE FOLLOWING SECTION IS FOR ISD USE ONLY

7) To be completed by the Director of ISD (or nominee)

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

Signed: Date:

If approved, forward to the ISD Service Desk.

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For ISD Service Desk Use:

Assigned AD a-code/local account:
