

## Secure File Transfer Protocol Service 3rd Party Application Form

This form should be completed by:

- Staff in a 3rd Party organisation requiring to connect to the University network using SFTP
- A University Staff member needing to sponsor a 3<sup>rd</sup> Party to connect to the University network using SFTP for University business purposes

Please note:

- The University Staff member is responsible for liaising with the Service Desk and the 3<sup>rd</sup> Party to ensure remote access requirements are clearly defined and to ensure appropriate system access controls are implemented during SFTP provision.
- All details including approvals and 3<sup>rd</sup> Party Processing Agreement 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 SFTP within the 3<sup>rd</sup> Party)

Full Name: ..... Title: .....

Company Name: ..... Job Title: .....

Contact Number: ..... Email: .....

Reason for requesting SFTP:

.....  
.....

### 2) 3<sup>rd</sup> Party Agreement to Conditions of Acceptance

- i. 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/](http://www.ulster.ac.uk/isgsc/)

Signed: ..... Date: .....

### 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.

Signed: ..... Date:.....  
(3<sup>rd</sup> Party Manager)

Print Name: ..... Email: .....

**(When sections 1, 2 and 3 are complete, please forward to the University Staff member sponsoring SFTP request)**

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**THE FOLLOWING SECTIONS TO BE COMPLETED BY THE UNIVERSITY OF ULSTER**

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**4) Staff Member Details** (Details required are the sponsoring University Staff member)

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Full Name: ..... Title: .....

Staff number: ..... Job Title: .....

Faculty/Department: ..... Room Number: .....

Campus: ..... Contact Number: ..... Email: .....

Has the 3<sup>rd</sup> Party signed the University's 3<sup>rd</sup> Party processing Agreement?: Yes / No  
If not already provided during a previous SFTP application related to this 3<sup>rd</sup> Party application, then signed agreements must accompany this application.

**5) To be completed by the Staff Member's Dean or Director**

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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: .....

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

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**THE FOLLOWING SECTION IS FOR ISD USE ONLY**

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

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In approving this application, I authorise provision of SFTP access to the 3<sup>rd</sup> party applicant named in section 1.

Signed: ..... Date: .....

*If approved, forward to the ISD Service Desk.  
If rejected, insert reasons for rejection below and return to the Applicant's Dean or Director. Also provide a copy to ISD Admin & Finance Team.*

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**For ISD Service Desk Use:**

Assigned AD a-code/local account: .....

Assigned SFTP Site name.....

Assigned SFTP Host: .....

