



**HEALTH SERVICE EXECUTIVE PRE-SCREENING ACTIONS AUTHORISED PERSON
APPOINTMENT VETTING APPLICATION FORM “PSAP-VETTING FORM”**

The HSE and your employer [acronym] have entered into an **Appointment of an Authorised Person for Pre-Screening Actions Agreement** (“the Agreement”) to define the terms and conditions under which an employee of [acronym] can be appointed by the HSE under the Data Protection Act 2018 (Section 36(2)) (Health Research) (Amendment) Regulations 2020 (the HRR Amendment 2021) as an Authorised Person to process personal data held by the HSE, without explicit consent and without ethics approval, for the sole purpose of establishing whether an individual may be suitable or eligible for inclusion **in specified health research** conducted by [acronym].

It is very important that this Application Form is duly completed and signed by all signatories before you submit it to the HSE. Submission should be by email to the relevant HSE signatory as per Section 5 of the Agreement. You must complete all relevant information in **Section A** before submitting your application. **Incomplete Form will be rejected.**

If approved, your vetted Appointment will be for a duration of up to a maximum of 2 (Two) years AND:
 Subject to your terms of employment with [acronym],
 Subject always to your compliance with the terms of your appointment as an Authorised Person,
 Subject always to your employer compliance with the terms of the Agreement,
 Subject to a Quinquenal review of appointment for [acronym] by the HSE, such reviews to start in November 2026
 The HRR Amendment 2021

All signatories to this Application Form understand that they are bound by the terms and conditions of the **HSE-[acronym] HRR Amendment 2021 Authorised Person Agreement** and all relevant contracts, policies and terms applied by the HSE and [acronym] in relation to the processing of data for the purpose of this Agreement. Signatories shall contact their employer for further details if required.

To comply with the Data Protection Act 2018 (Section 36(2)) (Health Research) (Amendment) Regulations 2020 (the HRR Amendment 2021) **the activation of your appointment will need to be confirmed for each health research project you will undertake pre-screening actions using a PSA-ACTIVATION Form**

SECTION A: TO BE COMPLETED BY THE APPLICANT

First Appointment Previous Appointment	<ul style="list-style-type: none"> • Period: [dd/mm/yyyy] to [dd/mm/yyyy] Appointment Reference
Title	
Full Name	
Telephone Number	
Email address	
Position/Role [employment contract with [acronym]]	
CRITERIA 1	
Qualifications	
Health research areas of expertise / experience (10 keywords max)	
CRITERIA 2	
Appointment start date requested Appointment end date	Appointment will be for up to two years maximum and you must be employed by [acronym] for the full duration of your appointment dd/mm/yyyy dd/mm/yyyy
Employee ID at [acronym]	
Your employer Manager/Supervisor	
Your supervisor/Manager email address	

As a Pre-Screening Appointed Authorised Person I [TITLE] [FIRST NAME] [SURNAME] confirm that I understand and will comply with all the conditions of this appointment, including but not limited to the below requirements (please tick to confirm your acceptance): -

- I confirm the information contained in this form are correct and up-to-date
- I will inform the HSE of any changes that may apply to the above recorded information
- I will only undertake pre-screening actions for the sole purpose of establishing whether an individual may be suitable or eligible for inclusion in a health research project conducted by my employer and
- I will not use information collected for any another purpose which are all forbidden under this appointment;
- I will not recruit research participants
- I will obtain PSA-ACTIVATION approval prior to conducting any pre-screening actions for my employer
- I understand a breach to the terms of this Appointment shall be immediately reported [DDPO & Annex 2] and will result in the revocation of my Appointment by the HSE and will possibly result in further consequences for me and my employer, including the termination the HSE-[acronym] Agreement by the HSE and may be subject to other consequences may apply to the Authorised Person and [acronym] under Data Protection Legislation
- I understand that where required, the Appointment of an Authorised Person may be revoked by the HSE before the end of the appointment
- I confirm the information contained therein are up-t-date and I will advise the HSE of any changes to the data
- I consent to the HSE holding the data contained within this PSA-Vetting Form
- I understand I will need to activate my appointment for each health research project using a PSAP-Activation Form

Print Name: _____

Signature: _____ Date: _____

ON BEHALF OF [ACRONYM]

I, [TITLE] [FIRST NAME] [SURNAME] [POSITION] confirm that

- [TITLE] [FIRST NAME] [SURNAME] holds a post (permanent or a contract) that covers the full duration of the requested appointment as an Authorised Person, and that the information contained in Section A of this form are correct and up-to-date, and that the terms of this appointment have been fully explained to and understood by her/him;
- Records of this Appointment will be kept by [acronym] for not less than 7 (seven) years from the date of the Appointment.

Signed: _____
 Authorised Signatory for [acronym]

Date: _____ Stamp




Decision to be returned to:

	Name:	Name:
	Email:	Email:

Section B: FOR THE HSE – DECISION ON THE APPOINTMENT

HSE Representative	Name: Position: Email address: HSE Entity:
Decision	Set Criteria 1: Must hold qualifications and/or expertise or experience relevant to the conduct of pre-screening actions in Health Research <ul style="list-style-type: none"> • Appointment as an Authorised Person accepted • Appointment as an Authorised Person rejected Reason for rejection/Comment:
Duration of the Appointment	Set criteria 2: Max up to two (2) years and applicant MUST be an employee of [acronym] during the whole period of the appointment Decision on duration of appointment: From : dd/mm/yyyy to dd/ mm/ yyyy
Data Retention Compliance for this Form:	7 (seven) years from appointment start date
PSA-VETTING approval Reference	PSA-Vetting [Applicant initials] [acronym] [DDMMYYYY] [HSE Signatory Initials] [HSE Entity acronym]

I, TITLE] [FIRST NAME] [SURNAME], hereby approve the appointment of [...] an employee of [acronym] as an Authorised Person to conduct Pre-Screening Actions under the terms and conditions of the **Appointment of an Authorised Person for Pre-Screening Actions Agreement**.

Signed: _____ Date: _____ Stamp 

On behalf of the HSE
[TITLE] [FIRST NAME] [SURNAME]
[POSITION]

To be returned to applicant as indicated by applicant page 2

Section C: FOR THE HSE – TERMINATION OF THE APPOINTMENT

HSE Representative	Name: Position: Email address:
Reason for termination	<ul style="list-style-type: none"> • Appointment of an Authorised Person for Pre-Screening Actions Agreement • Authorised Person or [acronym] request for end of contract or other • Breach : Details:

Signed: _____ Date: _____ Stamp

On behalf of the HSE
[TITLE] [FIRST NAME] [SURNAME]
[POSITION]

