**To nominate/update** **HESA Record Contact(s)**

**Section A**

**Please** **read through Section A to ensure a full understanding of the role and its responsibilities.**

For each data stream, the Record Contact is the first point of communication during data collection. The Record Contact is responsible for overseeing a provider’s data submission process and ensuring that deadlines are met. For more information about the responsibilities of the role, please see [understanding roles](https://www.hesa.ac.uk/support/user-guides/ids-guide/roles) in the [IDS User Guide](https://www.hesa.ac.uk/support/user-guides/ids-guide).

HESA will invite the nominated individual to the Record Contact role in the HESA Identity System (IDS). Please note, if the role is not accepted within **14 days** the invitation will time out. Failure to accept roles on IDS will result in the user/organisation not being able to access HESA data collection systems and not receiving important notifications from HESA. Please refer to the [IDS User Guide](https://www.hesa.ac.uk/support/user-guides/ids-guide) for further information.

You will need to contact [Customer Success](mailto:customer.success@jisc.ac.uk) if you require any Heidi Plus roles revoked.

For more information on how HESA/Jisc process your personal data, please see the [privacy information](https://www.hesa.ac.uk/about/website/privacy) on our website.

**Section B**

**Please input the required information below:**

|  |  |
| --- | --- |
| **Provider name** |  |
| **Provider ID** |  |
| **Provider UKPRN** |  |
| **Which HESA collection(s) will this nominated Record Contact be responsible for?** | Aggregate Offshore (*AOR*)  Discover Uni (*Unistats, KIS*)  Estates Management (*EMR*)  Finance (*FSR*)  GMC Assessment  Graduate Outcomes English FEC  Graduate Outcomes  Graduate Outcomes Results  HE-BCI  Initial Teacher Training (*ITT*)  Provider profile (*Instprofile*)  Staff  Student |
| **New Record Contact name** |  | |
| **Email address** |  | |
| **Telephone** |  | |
| **Position** |  | |
| **Department** |  | |

Please note: One form can be completed for each individual even if they are being nominated for multiple Record Contact roles.

**Section C**

**This form must be signed by the current Record Contact or the Accountable Officer/ Head of Provider in the absence of the current Record Contact.**

**We cannot accept typed signatures.**

By returning this document to HESA as the Accountable Officer/ Head of Provider/ Record Contact, I authorise HESA to use the contact details provided above and further confirm that the contact nominated has been made aware of the use of this information.

Name:

Position:

Please tick here if you are the out-going Record Contact:

Signature:

Date:

**Once completed, please ensure this document is returned to** [**liaison@hesa.ac.uk**](mailto:liaison@hesa.ac.uk)**.**