**To nominate/update an Institution’s Senior Liaison Contact**

**Section A**

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

The Senior Liaison Contact is a point of contact for HESA Liaison and is used for query escalation when a Record Contact is unavailable, before escalating to the Accountable Officer/ Head of Provider directly. It is expected that the nominated person will be part of the senior management team but not an existing Record Contact. 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).

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HESA will invite the contact to the 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** |  |

|  |  |
| --- | --- |
| **New Senior Contact name** |  |
| **Email address** |  |
| **Telephone** |  |
| **Position** |  |
| **Department** |  |

**Section C**

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

**We cannot accept typed signatures.**

By returning this document to HESA from the Accountable Officer/ Head of Provider/Senior Liaison 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 Senior Contact:

Signature:

Date:

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