**WS05 Live Web Service Connection Form**

**Pre-requisites**

Before you complete and return this form, please ensure the following pre-requisite is met. Please mark an X in the box to confirm.

|  |  |
| --- | --- |
| **Pre-requisite** | **x** |
| 1. LRS has approved and signed-off one or more LRS solutions ready to integrate to use the Live LRS Web Service products. |  |

**Note:** If one or more of the pre-requisites are not complete or met your application will be rejected.

**Note: if you are upgrading to TLS1.2, you do not need to request a new certificate or submit this form.**

Complete this form if you wish to connect to use the Live LRS web services. If you are a 3rd Party MIS Supplier or developer working on behalf of a learning provider, a representative of the Learner Registration Body (LRB) must be the one to complete this form. **You cannot submit this form on behalf of your user(s).**

Please complete **ALL** fields marked with an **\*** in Sections 1 to 4, returning the completed form by email to [lrs.support@education.gov.uk](mailto:lrs.support@education.gov.uk).

|  |  |  |  |
| --- | --- | --- | --- |
| Type of request? **\*** | New | Change | New certificate only |

**Section 1 – Organisation Details**

Please fill in the following details for your organisation – refer to explanatory notes underneath.

|  |  |  |
| --- | --- | --- |
| LRS Organisation Reference or UKPRN **\*** | |  |
| Organisation Name **\*** |  | |
| E-mail Address **\*** |  | |
| Contact Number **\*** |  | |

### Section 1 Notes:

1. Please supply your UK Provider Reference Number (UKPRN - [www.ukrlp.co.uk](http://www.ukrlp.co.uk)) for your organisation or LRS Organisation Reference Number.
2. Organisation Name – please supply your organisation name by which you are registered with the LRS.

**Section 2 – Developer’s Details**

Please fill in the name of this organisation **\***:

|  |  |  |  |
| --- | --- | --- | --- |
| Has your interface been supplied by a 3rd party? **\*** | | YES | NO  Go to Section 3 |
| Developer’s Organisation Name **\*** |  | | |
| If a change, Previous Developer’s Name |  | | |

### You will be given the permissions your developer has successfully tested against. A list of web services will be provided to you via email.

### Section 2 Notes:

1. Has your interface been developed by a 3rd party - tick Yes if you obtained your web service interface from another supplier, either as part of a package or as a ready built interface. Their interface must have already been verified by the Learning Records Service. Tick No if you have developed the interface in house. In this case you must have completed verification process under your own organisation name.

**Section 3 – Web Service Password**

Complete this section only if you would like your password updated. If you are requesting new web services, this section is mandatory.

Please specify a unique web service password for your organisation. The password must be exactly 16 characters in length and it must include at least 1 number, 1 lowercase alphabetic character and 1 uppercase alphabetic character. **Note:** spaces and special characters are not permitted

|  |  |
| --- | --- |
| Organisation Web service password |  |

### Section 3 Notes:

1. Please specify a web service password for your organisation. This password will be included in every web service call to LRS and is used by the service to verify that the call is valid. Please make sure that you keep your web service password confidential. This password is an organisation level password and not your super user password or a user’s password.

**Section 4 – System requirements**

Complete this section to help us provide the correct support for your organisation

|  |  |  |
| --- | --- | --- |
| Does your system support TLS1.2? **\*** | YES | NO |

If you are unsure, you will need to refer to your IT department to confirm. We will be unable to progress your request without this information.

**Section 5 – Request Authorisation**

Please sign and state your name, position within your organisation and name of organisation to authorise this request on behalf of your organisation.

|  |  |
| --- | --- |
| **Signature \*** |  |
| **Name (please print) \*** |  |
| **Position \*** |  |
| **Organisation Name \*** |  |
| **Date\*** |  |

**Section 5 – LRS Verification of Request (Official Use Only)**

|  |  |  |  |
| --- | --- | --- | --- |
| Authorised by: |  | Authorised Date: |  |
| Notes |  | | |