**Research Passport Application Form – Version 5.1 08/Jul/2020**

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| ***Please refer to the guidance notes before completing the form.*** | | | | | | | |
| **Section 1 - Details of Researcher** *To be completed by Researcher* | | | | | | | |
| 1. | Surname: | | | | Prof Dr Mr Mrs  Miss  Ms Other | | |
| Forename(s): | | | |
| Contact Tel:       Contact Email: | | | | | | |
| 2. | Date of birth: | | | | | | |
| 3. | Professional registration details, if applicable (Doctors undertaking any form of medical practice should confirm they have a licence to practise). N/A | | | | | | |
| 4. | Employer:       or place of study: | | | | | | |
| Work Address/Place of Study: | | | | | | |
| Post or status held: | | | | | | |
| **Section 2 - Details of Research** *To be completed by Researcher* | | | | | | | |
| 5. | What type of Research Passport do you need? Project-specific  Multi-project | | | | | | |
| *If you will be conducting one project only please complete the details below. If you anticipate that you will be undertaking more than one project at any one time, please give details in the Appendix.* | | | | | | |
| Project Title: | | | | | | |
| Project Start Date:      End Date:  Proposed start and end-date of 3-year Research Passport:  Start Date:      End Date: | | | | | | |
| NHS organisation(s): | Dept(s): | | Proposed research activities: | | | Manager in NHS organisation: |
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| **Section 3 – Declaration by Researcher** *To be completed by Researcher* | | | | | | | |
| 6. | Have you ever been refused an honorary research contract? | | | | | Yes  No | |
| Have you ever had an honorary research contract revoked? | | | | | Yes  No | |
| If yes to either question, please give details: | | | | | | |
| **I understand that my data will be used for the purposes described in** [**section 6 of the Information for researchers, R&D and HR staff in Higher Education Institutions and the NHS guidance document**](https://www.myresearchproject.org.uk/help/hlphrgoodpractice.aspx#Research-Passport)**. I warrant that the information provided as part of this Research Passport application and the attached documents are a true and accurate reflection.** | | | | | | | |
| Signed\*: | | | Date: | | | | |
| *When Sections 1-3 have been completed, the researcher should forward the form to the appropriate person to complete Section 4.*  *\* It is recommended that the researcher prints, signs and scans the form. Where this is not possible, the researcher should state ‘authorised by email’, in place of a wet-ink and scanned signature. Where authorisation occurs by email, the full email trail should be presented as evidence with the document for further authorisations and/or in application for an HRC/LoA. Identity and/or other checks may be made using videoconferencing, or other technology, where appropriate.* | | | | | | | |

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| **Section 4 - Suitability of Researcher**  *To be completed by researcher’s substantive employer, e.g. line manager, or academic supervisor* | | | | | | | |
| 7.a | Will this person’s research activity mean that they may be undertaking regulated activity with children and/or adults as defined in the Safeguarding Vulnerable Groups Act 2006, as amended (in particular by the Protection of Freedoms Act 2012)? (please use the Research Passport algorithm to make this judgement) | | | | | | Yes  No |
| 7. b | I am satisfied that the above named individual is suitably trained and experienced to undertake the duties associated with the research activities outlined in this Research Passport form. | | | | | | |
| Signed\*: | | Date: | | | | |
| Name: | | Job Title: | | | | |
| Department and Organisation: | | | | | | |
| Address: | | | | | | |
| Tel No: | | | Email: | | | |
| Managerial responsibility for the applicant: | | | | | | |
| *When Section 4 has been completed, the researcher should forward the form to the appropriate person to complete Section 5.*  *\* It is recommended that the person authorising Section 4 prints, signs and scans the form. Where this is not possible, they should state ‘authorised by email’, in place of a wet-ink and scanned signature. Where authorisation occurs by email, the full email trail should be presented as evidence with the document for further authorisations and/or in application for an HRC/LoA. Identity and/or other checks may be made using videoconferencing, or other technology, where appropriate.* | | | | | | | |
| **Section 5 - Pre-engagement checks** *To be completed by the HR department of the researcher’s substantive employer or registry at place of study* | | | | | | | |
| 8. | Does the above named individual’s research involve Regulated Activity with children and/or adults as defined in the Safeguarding Vulnerable Groups Act 2006, as amended (in particular by the Protection of Freedoms Act 2012)? | | | | | Yes  No | |
| If yes to the above, has the above named individual been checked against ISA barred lists for adults and/or children, as appropriate and have you received confirmation via the criminal record disclosure that the person is not barred from working with adults and/or children? (*NB individuals who are barred from working with adults or children must not undertake a regulated activity in the NHS with the vulnerable group from which they are barred, and you must not submit a Research Passport form in such cases)*. | | | | | Checked against:  ISA Adults List? | |
| Yes  No  N/A | |
| ISA Children’s List? | |
| Yes  No  N/A | |
| Can you confirm that a clear criminal record disclosure has been obtained for the above-named individual, with no subsequent reports from the individual of changes to this record? *NB for Regulated Activity this must be an enhanced level criminal record check. For non-regulated activity, ensure the criminal record check is at the mandated level.* | | | | | Yes  No  N/A | |
| *If yes, please provide details of the clear disclosure*: | | | | | | |
| Date of disclosure: | | | Type of disclosure: | | | |
| Disclosure No.: | | | Organisation that requested disclosure: | | | |
| 9. | Have the pre-engagement checks described below been carried out with regard to the above-named individual and is confirmation of the necessary checks, including any required satisfactory documentary evidence, available in the employing organisation’s/place of study’s records? | | | | | | |
| * Employment/student screening: | | | | | | |
| * + ID with photograph | | | | Yes  No | | |
| * + two references | | | | Yes  No | | |
| * + verification of permission to work/study in the UK | | | | Yes  No | | |
| * + exploration of any gaps in employment | | | | Yes  No | | |
| * Evidence of current professional registration | | | | Yes  No  N/A | | |
| * Evidence of qualifications | | | | Yes  No | | |
| * Occupational health screening / clearance | | | | Yes  No | | |
| Is the named individual on a fixed term contract or is the contract end imminent? Yes  No  Please indicate current contract end-date Date: | | | | | | |
| Signed\*: | | Date: | | | | |
| Name: | | Job Title: | | | | |
| Organisation: | | Department: | | | | |
| Address: | | | | | | |
| Tel No: | Email: | | | | | |
| *Please return the form to the researcher.*  *\* It is recommended that the person authorising Section 5 prints, signs and scans the form. Where this is not possible, they should state ‘authorised by email’, in place of a wet-ink and scanned signature. Where authorisation occurs by email, the full email trail should be presented as evidence with the document for further authorisations and/or in application for an HRC/LoA. Identity and/or other checks may be made using videoconferencing, or other technology, where appropriate.* | | | | | | | |

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| **Section 6 - Instructions to applicants**  *To be completed by Researcher* | |
| *Please indicate which of the following documents are attached to this Research Passport:* | |
| Current curriculum vitae, including details of qualifications, training and professional registration (please use the template C.V. at <http://www.rdforum.nhs.uk/docs/template_cv.doc>) | Yes  No |
| Researcher’s copy of criminal record disclosure. NB where research involves regulated activity with children and/or adults as defined in the Safeguarding Vulnerable Groups Act 2006, as amended (in particular by the Protection of Freedoms Act 2012), the disclosure must include confirmation of a check against the appropriate ISA barred list(s). | Yes  No  N/A |
| Evidence of occupational health screening / clearance | Yes  No  N/A |
| Appendix – List of projects and amendments | Appendix numbers:  N/A |
| *Please send the completed form and original documents to the Lead R&D office. The completed form and original documents will be returned to you. This package of documents will be used to validate your completed Research Passport form. You may then, and where relevant, provide the Research Passport to other NHS organisations.*  **You must inform all NHS organisations that have received this Research Passport of any changes to the information supplied above. Failure to do so may result in withdrawal of your honorary research contract or letter of access. As part of the quality control procedures for the Research Passport, random checks on the accuracy of the information held on this Research Passport may be made.** | |

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| **Section 7**  **This section should be completed by HR in the Lead NHS organisation, only if additional checks are undertaken** | | | | | | | | |
| The following additional checks have been completed: | | | | | | | | |
| Having confirmed that the necessary additional pre-engagement checks have been completed, I am satisfied that the above named researcher is suitable to carry out the duties associated with their research activity outlined in this Research Passport. | | | | | | | | |
| Signed\*: | | | | | Date: | | | |
| Name: | | | | | Job Title: | | | |
| Organisation: | | | | | Department: | | | |
| Email: | | | | | | | | |
| *\* It is recommended that the person authorising Section 7 prints, signs and scans the form. Where this is not possible, they should state ‘authorised by email’, in place of a wet-ink and scanned signature. Where authorisation occurs by email, the full email trail should be presented as evidence with the document for further authorisations and/or in application for an HRC/LoA.* | | | | | | | | |
| **Section 8** - **For Office Use Only** | | | | | | | | |
| *This section should be completed by the NHS R&D office that received the initial application. The NHS R&D office must countersign and date retained photocopies of the documents. The grey section must be completed before the form is returned to the applicant.* | | | | | | | | |
| CV reviewed? | | | Yes  No | | | Training? | | Yes  No |
| Evidence of qualifications? | | | Yes  No | | | Appendix pages reviewed? | | Numbers: |
| Professional registration details reviewed? | | | Yes  No  N/A | | | Occupational health clearance reviewed? | | Yes  No  N/A |
| Criminal record disclosure reviewed? | | | Yes  No  N/A | | | Date of disclosure:  Disclosure No: | | |
| For regulated activity as defined in the Safeguarding Vulnerable Groups Act 2006, as amended (in particular by the Protection of Freedoms Act 2012), did the criminal record disclosure confirm a satisfactory check against the appropriate ISA barred list(s) | | | | | | | | Yes  No  N/A |
| Enter Electronic Staff Record Number (if issued): | | | | | | | | |
| Confirmation of valid Research Passport: | | | | | | | | |
| Project specific | | Three-year | | Other End date  Date: | | | | |
| Signed\*: |  | | | | | | Date: | |
| Name: |  | | | | | | | |
| NHS Organisation Name and contact details | | | | | | | | |
| Date Honorary Research Contract/letter of access issued *(delete as appropriate)* | | | | | | | |  |
| *\* It is recommended that the person authorising Section 5 prints, signs and scans the form. Where this is not possible, they should state ‘authorised by email’, in place of a wet-ink and scanned signature. Where authorisation occurs by email, the full email trail should be presented as evidence with the document for further authorisations and/or in application for an HRC/LoA. Identity and/or other checks may be made using videoconferencing, or other technology, where appropriate.* | | | | | | | | |

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| *If required, this section should be added to the Research Passport Form and completed by each NHS R&D office receiving the valid Research Passport. The original Research Passport form and documents should be returned to the applicant.* | | | | | |
| Has the Research Passport been validated by a Lead NHS organisation and is this validation acceptable to this NHS organisation? Yes  No | | | | | |
| CV reviewed? | | Yes  No | Training? | | Yes  No |
| Evidence of qualifications? | | Yes  No | Appendix pages reviewed? | | Numbers: |
| Professional Registration details reviewed? | | Yes  No  N/A | Occupational health clearance reviewed? | | Yes  No  N/A |
| Criminal record disclosure reviewed? | | Yes  No  N/A | Date of disclosure:  Disclosure No: | | |
| For regulated activity as defined in the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012, did the criminal record disclosure confirm a satisfactory check against the appropriate ISA barred list(s) | | | | | Yes  No  N/A |
| Checked Electronic Staff Record: Yes  No  N/A | | | | | |
| Signed\*: |  | | | Date: | |
| Name: | | | | | |
| NHS organisation name and contact details: | | | | | |
| Date honorary research contract/letter of access issued *(delete as appropriate)* | | | | | |
| *\** *It is recommended that the person authorising this section prints, signs and scans the form. Where this is not possible, they should state ‘authorised by email’, in place of a wet-ink and scanned signature. Where authorisation occurs by email, the full email trail should be retained as evidence.* | | | | | |

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| ***Passport Appendix. List of projects and amendments*** |

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*Appendix Number:*

*If you are applying for a three-year Research Passport, please use this section to enter details of projects and activities that will be covered by this Research Passport. Once you have a validated Research Passport, you may add details of subsequent projects during the three years that this Research Passport is valid.*

*If you are applying for a project-specific Research Passport, but need to add further sites to the project, please enter the details below.*

*Whenever you add further details, the full Research Passport and accompanying documents must be submitted to the relevant NHS organisations.*

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| --- | --- | --- | --- |
| *Title:* | | *Start Date:* | *End Date:* |
| *NHS organisation(s):* | *Dept(s):* | *Proposed*  *research activities:* | *Manager in NHS organisation:* |
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***Amendments to the Research Passport***

*Please state what these are, e.g. they might be a change in name or employment details, or a change in research activities.*

*Please check with the NHS organisation where you are undertaking your research if you are unsure whether you will need to submit new evidence of pre-engagement checks on a new Research Passport form, which will need to be validated by the NHS organisation(s) hosting your research.*

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| --- | --- | --- | --- |
| *Date* | *Old Details* | *New Details* | *Office use only*  *NHS R&D contact details and signature\** |
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*\* It is recommended that the person authorising this section prints, signs and scans the form. Where this is not possible, they should state ‘authorised by email’, in place of a wet-ink and scanned signature. Where authorisation occurs by email, the full email trail should be presented as evidence with the document for further authorisations and/or in application for an HRC/LoA.*

***To add more projects please copy this page or download further blank pages. Each appendix page should be numbered.***

*For office use only:*

*A photocopy of the appendix/copy of email trail including any email authorisations should be retained whenever any amendments or additions to the appendix are made.*