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

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		
	Forename(s):			Miss 🗌 Ms 🗌 Other 🗌		
	Contact Tel: C	Contact Email:				
2.	Date of birth:					
3.	Professional registration details, if should confirm they have a licence		undertaking any for	m of medical practice		
4.	Employer:	or place	of study:			
	Work Address/Place of Study:					
	Post or status held:					
Sect	ion 2 - Details of Research To be	e completed by Rese	archer			
5.	What type of Research Passport of	lo you need? Pro	ject-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 D	ate:			
	Proposed start and end-date of 3-year Research Passport:					
	Start Date: End Date:					
	NHS organisation(s):	Dept(s):	Proposed resear activities:	ch Manager in NHS organisation:		
Soct	ion 3 – Declaration by Research	or To be completed	hy Posoarchor			
6.	-	•	•			
б.	Have you ever been refused an honorary research contract?					
	Have you ever had an honorary research contract revoked? Yes No					
			described in sect	ion C of the Information		
	derstand that my data will be use esearchers, R&D and HR staff in					
document. I warrant that the information provided as part of this Research Passport application and the attached documents are a true and accurate reflection.						
Sign	ed*:	D	ate:			
	n Sections 1-3 have been complete on to complete Section 4.	ed, the researcher sh	ould forward the fo	orm to the appropriate		
rese auth furth	* 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.					

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 th				
	Groups Act 2006, as amended (in particular by the				
	2012)? (please use the Research Passport algorit				
	I am satisfied that the above named individual is s				
	duties associated with the research activities outlined in this Research Passport form.				
	Signed*: Date:				
		Job Title:			
	Department and Organisation:				
	Address:				
	Tel No:	Email:			
	Managerial responsibility for the applicant:				
	n Section 4 has been completed, the researcher si	nould forward the form to t	ne appropriate person		
<i>to co</i>	mplete Section 5.				
* I+ ic	recommended that the person authorising Section	n 1 prints signs and scaps	the form Whore this		
	t possible, they should state 'authorised by email',				
	re authorisation occurs by email, the full email trail				
	ment for further authorisations and/or in application				
	be made using videoconferencing, or other techno	-			
	ion 5 - Pre-engagement checks To be complet		of the researcher's		
	tantive employer or registry at place of study	,			
8.	Does the above named individual's research invol	ve Regulated Activity with			
	children and/or adults as defined in the Safeguard		Yes 🗌 No		
	2006, as amended (in particular by the Protection				
	If yes to the above, has the above named individu		Checked against:		
	ISA barred lists for adults and/or children, as appr	opriate and have you	ISA Adults List?		
	received confirmation via the criminal record disclosure that the person is not $Yes \square No \square N/A \square$				
	barred from working with adults and/or children? ( <i>NB individuals who are</i>				
	barred from working with adults or children must not undertake a regulated ISA Children's List?				
	activity in the NHS with the vulnerable group from which they are barred, and Yes I No I N/A				
	you must not submit a Research Passport form in	· · · · · · · · · · · · · · · · · · ·			
	Can you confirm that a clear criminal record disclo		r		
	the above-named individual, with no subsequent r	•			
	of changes to this record? NB for Regulated Activ		Yes 🗌 No 🗌 N/A 🗌		
	enhanced level criminal record check. For non-re criminal record check is at the mandated level.	gulated activity, ensure the	;		
	If yes, please provide details of the clear disclosur	ro.			
	Date of disclosure:	Type of disclosure:			
	Disclosure No.:	Organisation that requested	d dicelocuro:		
		Organisation that requests	a disclosure.		
9.	Have the pre-engagement checks described below	w been carried out with rec	ard to the above-		
	named individual and is confirmation of the neces				
	documentary evidence, available in the employing				
	<ul> <li>Employment/student screening:</li> </ul>				
	• ID with photograph	Y	es 🗌 No 🗍		
	<ul> <li>two references</li> </ul>		es 🗌 No 🗌		
	<ul> <li>verification of permission to work/st</li> </ul>		es 🗌 No 🗍		
	<ul> <li>exploration of any gaps in employm</li> </ul>		es 🗌 No 🗌		
	<ul> <li>Evidence of current professional registration</li> </ul>		es 🗌 No 🗌 N/A 🗌		
	<ul> <li>Evidence of qualifications</li> </ul>		es 🗌 No 🗌		
	<ul> <li>Occupational health screening / clearance</li> </ul>		es 🗌 No 🗌		
	Is the named individual on a fixed term contract or				
		ate:			

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.

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 <a href="http://www.rdforum.nhs.uk/docs/template_cv.doc">http://www.rdforum.nhs.uk/docs/template_cv.doc</a> )	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.

Section 7 This section should be completed by HR in the Lead NHS organisation, only if additional checks are undertaken						
The following additional checks hav	ve been comple	eted:				
Having confirmed that the necessar satisfied that the above named rese research activity outlined in this Re	earcher is suital	ble to ca				
Signed*:	C	Date:				
Name:		ob Title:				
Organisation: Email:		Departmo	ent:			
* It is recommended that the person is not possible, they should state 'a Where authorisation occurs by ema document for further authorisations	uthorised by en ail, the full emai	nail', in <sub>l</sub> I trail sh	blace of a wet-ink and so ould be presented as ev	canned signature.		
Section 8 - For Office Use Only						
This section should be completed be R&D office must countersign and d completed before the form is return	ate retained ph	otocopie				
CV reviewed?	Yes 🗌 No 🗌		Training?	Yes 🗌 No 🗌		
Evidence of qualifications?	Yes 🗌 No 🗌		Appendix pages reviewed?	Numbers:		
Professional registration details reviewed?	Yes 🗌 No 🔲		Occupational health clearance reviewed?	Yes 🗌 No 🗌 N/A 🗌		
Criminal record disclosure reviewed?						
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)						
Enter Electronic Staff Record Numb	per (if issued):					
Confirmation of valid Research Pas	sport:					
Project specific Three-year Other End date Date:						
Signed*:			Date:			
Name:						
NHS Organisation Name and conta	act 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.

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	Yes 🗌 No 🗌 N/A 🗌	Date of disclosure:				
reviewed?		Disclosure No:				
For regulated activity <b>as defined in the Safeguarding Vulnerable Groups Act</b> <b>2006, as amended by the Protection of Freedoms Act 2012</b> , did the <b>criminal</b> <b>record</b> disclosure confirm a satisfactory check against the appropriate ISA barred list(s)						
Checked Electronic Staff Record: Y	′es 🗌 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.						

Passport Appendix. List of projects and amendments

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.

Title:		Start Date:	End Date:
NHS organisation(s):	Dept(s):	Proposed research activities:	Manager in NHS organisation:

## 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.

Date	Old Details	New Details	Office use only NHS R&D contact details and signature*

\* 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.

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## 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.