

Research Passport Application Form

Please refer to the guidance notes before completing the form.

Section 1 - Details of Researcher

To be completed by Researcher

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|----|--|--|
| 1. | Surname: | Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> |
| | Forename(s): | Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |
| | Home Address: | |
| | Work Tel: | Mobile: |
| 2. | Date of birth: | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| | Ethnicity: | National Insurance number: |
| 3. | Professional registration details (if applicable): N/A <input type="checkbox"/> | |
| 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 <input type="checkbox"/> Multi-project <input type="checkbox"/> | | | |
| | <i>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.</i> | | | |
| | Project Title: | | | |
| | Project Start Date: | | End Date: | |
| | Proposed start and end date of three-year Research Passport: Start Date: End Date: | | | |
| | NHS organisation(s): | Dept(s): | Proposed research activities: | Manager in NHS organisation: |
| | | | | |
| | | | | |

Section 3 – Declaration by Researcher

To be completed by Researcher

| | | |
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| 6. | Have you ever been refused an honorary research contract? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Have you ever had an honorary research contract revoked? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If yes to either question, please give details: | |

I consent to the information provided as part of this Research Passport and attached documents being used, recorded and stored by authorised staff of the NHS organisations where I will be conducting research.
For researchers undertaking regulated activity as from July 2010, and mandatory as from November 2010: I understand that the information I have provided may be used by my employer and the NHS to access the ISA on-line service to receive updates on my ISA-registration status.

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| Signed: | Date: |
|---------|-------|

When Sections 1-3 have been completed, the researcher should forward the form to the appropriate person to complete Section 4.

Section 4 - Suitability of Researcher

To be completed by researcher's substantive employer, e.g. line manager, or academic supervisor

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| 7.a | Will this person's research activity mean that they may be undertaking regulated activity (please use the Research Passport algorithm to make this judgement) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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: | Managerial responsibility for the applicant: |
| | Address: | |
| | Tel No: | |
| | Email: | |

When Section 4 has been completed, the researcher should forward the form to the appropriate person to complete Section 5.

Section 5 - Pre-engagement checks

To be completed by the HR department of the researcher's substantive employer or registry at place of study

| | | |
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| 8. | Does this individual's research involve Regulated Activity: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | For Regulated Activity: To be completed for RP applications supported by enhanced CRB disclosures certificates issued between 12th October 2009 and 25th July 2010 only If yes to the above, has the individual been checked against ISA barred lists for vulnerable adults and / or children, as appropriate and have you received confirmation via the CRB disclosure that the person is not barred from working with children or vulnerable adults? <i>(NB individuals who are barred from working with children or vulnerable adults must not undertake a regulated activity within the NHS, and you must not submit a Research Passport form in such cases)</i> | Checked against ISA Vulnerable Adults List? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | | Checked against ISA Children's List? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | For Regulated Activity: To be completed for RP applications supported by enhanced CRB disclosures certificates issued after 26th July 2010 only If yes to the above, can you confirm that you have registered the individual with the ISA as their employer / place of study, and that you will continue to monitor the registration status of this individual and withdraw them immediately from any regulated activity should their registration status change. NB ISA registration is mandatory from November 2010 for researchers undertaking regulated activity | ISA Registered for Vulnerable Adults? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | | ISA Registered for Children? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| | 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? <i>NB for Regulated Activity this must be an enhanced CRB. For non-regulated activity, ensure the CRB is at the mandated level</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

If yes, please provide details of the clear disclosure

Date of disclosure:

Type of disclosure:

Organisation that requested disclosure:

CRB Disclosure Reference No.

Researcher's ISA Unique ID:

9. Have the pre-engagement checks described below been carried out with regard to the above-named individual?

| | |
|--|---|
| ▪ Employment/student screening: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ○ ID with photograph | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ○ two references | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ○ verification of permission to work/study in the UK | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ○ exploration of any gaps in employment | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Evidence of current professional registration | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| ▪ Evidence of qualifications | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Occupational health screening / clearance | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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.

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 <input type="checkbox"/> No <input type="checkbox"/> |
| Researcher's copy of criminal record disclosure: | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Disclosures issued before 26 th July 2010 only: Criminal record disclosure includes confirmation of check against the appropriate Barred List(s) | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Disclosures issued after 26 th July 2010 only: Criminal record disclosure confirms appropriate ISA registration. NB where appropriate, ISA registration is mandatory after November 2010. | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Evidence of occupational health screening / clearance | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Appendix | Appendix numbers: N/A <input type="checkbox"/> |

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 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:

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 <input type="checkbox"/> No <input type="checkbox"/> | Training? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--------------|--|-----------|--|

| | | | |
|-----------------------------|--|--------------------------|----------|
| Evidence of qualifications? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Appendix pages reviewed? | Numbers: |
|-----------------------------|--|--------------------------|----------|

| | | | |
|---|---|---|---|
| Professional registration details reviewed? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Occupational health clearance reviewed? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|---|---|---|---|

| | | | |
|--------------------------------------|---|---------------------|--------------------------------|
| Criminal record disclosure reviewed? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Date of disclosure: | CRB Disclosure Certificate No: |
|--------------------------------------|---|---------------------|--------------------------------|

| | |
|---|---|
| For Research Passport applications submitted after 26th July 2010 only: Confirmation that HEI have subscribed their interest in this individual via the ISA on-line monitoring service, (where appropriate) and have agreed to withdraw the individual immediately, should the individual's ISA registration status change NB ISA registration, where appropriate, is mandatory from November 2010 | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|---|---|

Enter Electronic Staff Record Number (if issued):

Confirmation of valid Research Passport: Project specific Three-year Other End date

| | |
|---------|-------|
| Signed: | Date: |
|---------|-------|

| | |
|-------|--|
| Name: | |
|-------|--|

| | |
|---|--|
| NHS Organisation Name and contact details | |
|---|--|

Date Honorary Research Contract/letter of access issued (*delete as 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 <input type="checkbox"/> No <input type="checkbox"/> | | | |
| CV reviewed? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Training? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Evidence of qualifications? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Appendix pages reviewed? | Numbers: |
| Professional Registration details reviewed? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Occupational health clearance reviewed? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Criminal record disclosure reviewed? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Date of disclosure: | CRB Disclosure Certificate No: |
| For Research Passport applications submitted after 26th July 2010 only: Confirmation that HEI have subscribed their interest in this individual via the ISA on-line monitoring service, (where appropriate) and have agreed to withdraw the individual immediately, should the individual's ISA registration status change NB ISA registration, where appropriate, is mandatory from November 2010 | | | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Checked Electronic Staff Record: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | | | |
| Signed: | | Date: | |
| Name: | | | |
| NHS organisation name and contact details | | | |
| Date honorary research contract/letter of access issued (<i>delete as appropriate</i>) | | | |

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: |
| | | | |
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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.

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

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 should be retained whenever any amendments or additions to the appendix are made.*