

Research Passport Application Form

For use by external researchers wishing to conduct research at St Andrew's Healthcare (St Andrew's) or using St Andrew's data, who do not have an existing NHS Research Passport.

This form can either be submitted along with the project application form OR after the project has received St Andrew's approval. Please note: whilst the most time-efficient approach is to submit this form with your project application, doing so does not guarantee project approval.

Section 1 – Details of Researcher

To be completed by Researcher

1.	Surname: <input type="text"/>	Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/>
	Forename(s): <input type="text"/>	Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
	Contact Tel: <input type="text"/>	Contact Email: <input type="text"/>
2.	Employer: <input type="text"/> or Academic institution: <input type="text"/>	
	Work/Place of Study Address: <input type="text"/>	
	Post or status held: <input type="text"/>	

Section 2 – Details of Research

To be completed by Researcher

3.	<i>If you will be conducting one project, 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: <input type="text"/>			
	Project Start Date: <input type="text"/>		End Date: <input type="text"/>	
	Proposed start and end-date of Research Passport (up to a maximum of 3 years):			
	Start Date: <input type="text"/>		End Date: <input type="text"/>	
	St Andrew's site	Division: <input type="text"/>	Proposed research activities: <input type="text"/>	Contact in Division: <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3 – Declaration by Researcher

To be completed by Researcher

4.	Have you ever been refused an honorary research contract or letter of access (LOA)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you ever had an honorary research contract or LOA revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes to either question, please give details: <input type="text"/>	

I understand that my data will be used for the purposes described in [Processing-of-personal-data.pdf \(stah.org\)](#) I warrant that the information provided as part of this Research Passport application and the attached documents are true and accurate.

Signed*: <input type="text"/>	Date: <input type="text"/>
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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 a LoA/HRC. 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 institution (e.g. academic supervisor)

5.	<p>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 St Andrew's Healthcare Research Passport algorithm to make this judgement)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	I am satisfied that: <ul style="list-style-type: none"> The above-named individual is suitably trained and experienced to undertake the duties associated with the research activities outlined in this Research Passport form Where the research activity involves contact with patients, we (the employer of the researcher) warrant that we have made the Researcher aware of, and deem them capable to deal with, the nature and risks of working within a secure mental health hospital. 	
	Signed*:	Date:
	Name:	Job Title:
	Department and Organisation:	
	Address:	
	Tel No:	Email:
	Managerial responsibility for the applicant:	

Once Section 4 is completed, please return this form to the researcher – the researcher should then 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 LoA/HRC. 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 place of study

7.	Will this person's research activity 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 <input type="checkbox"/> No <input type="checkbox"/>
	If yes to the above, has the person 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 at St Andrew's Healthcare 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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
		ISA Children's List?
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Can you confirm that a clear Disclosure and Barring Service (DBS) check has been obtained for the person, with no subsequent reports from the person of changes to this record? (NB/ For regulated activity this must be an enhanced-level DBS check. For non-regulated activity, the DBS check is at the mandated level.)	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:
	Disclosure No.:	Organisation that requested disclosure:

8.	Have the pre-engagement checks described below been carried out with regard to the person 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 <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 <input type="checkbox"/> No <input type="checkbox"/>	
Please provide the current contract end-date:		
Signed*:	Date:	
Name:	Job Title:	
Organisation:	Department:	
Address:		
Tel No:	Email:	

Please return this 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 LoA/HRC. Identity and/or other checks may be made using videoconferencing, or other technology, where appropriate.*

Section 6 – Attachments

To be completed by Researcher

9.	Please indicate which of the following documents are attached to this Research Passport:	
	Current curriculum vitae, including details of qualifications, training and professional registration	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Researcher's copy of DBS check. <i>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).</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Appendix – list of projects and amendments	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

You must inform anyone at St Andrew's who has 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 - For Office Use Only

This section should be completed by the Research Centre. The grey section must be completed before the form is returned to the applicant.

CV reviewed	Yes <input type="checkbox"/> No <input type="checkbox"/>	DBS check	Yes <input type="checkbox"/> No <input type="checkbox"/>
Appendix pages reviewed?			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Research Passport granted:			
Start Date:		End Date:	
Signed*:		Date:	
Name:		Position:	
Contact details:			
Date Letter of Access / Honorary Research Contract <small>(delete as appropriate)</small> issued:			

** 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 LoA/HRC. Identity and/or other checks may be made using videoconferencing, or other technology, where appropriate.*

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:
St Andrew's Healthcare site:	Division(s):	Proposed research activities:	Division contact:

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.

Any amendments will be checked by the Research Centre and, if required, will be reviewed again by SERAC (Service Evaluation and Research Approvals Committee)

Date	Old Details	New Details	Office use only Research Centre 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 LoA/HRC.

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

For office use only:

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

