

Research Passport Application Form – Version 3 01/09/2012

Please refer to the guidance notes before completing the form.

Section 1 - Details of Researcher <i>To be completed by Researcher</i>			
1.	Surname: Johnson		Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/>
	Forename(s): Grace		Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
	Home Address: 25 Hollister Drive, Harborne, Birmingham, B32 3XG.		
	Work Tel: 01213013330 Mobile: 07876246589 Email: grace.johnson1@nhs.net		
2.	Date of birth: 25/10/1975	Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
	Ethnicity: Black British/African	National Insurance number: SG761267D	
3.	Professional registration details, if applicable (Doctors undertaking any form of medical practice should confirm they have a licence to practise). N/A <input checked="" type="checkbox"/> NMC- 04B0134A; BACP- 690540		
4.	Employer: BSMHFT NHS FOUNDATION TRUST UNIVERSITY OF SALFORD		or place of study:
	Work Address/Place of Study: Salford Univeristy, 43 Cresent. Salford. M5 4WT		
	Post or status held: Doctoral Student		
Section 2 - Details of Research <i>To be completed by Researcher</i>			
5.	What type of Research Passport do you need? Project-specific <input checked="" 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: South Asian Indian patients' perspective of psychological therapy interventions for depression in Primary Care: A grounded theory approach study.		
	Project Start Date: 20/11/2017 End Date: 20/09/2018		
	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:
Section 3 – Declaration by Researcher <i>To be completed by Researcher</i>			
6.	Have you ever been refused an honorary research contract?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Have you ever had an honorary research contract revoked?		Yes <input type="checkbox"/> No <input checked="" 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.			
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*

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 <input checked="" 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: <i>[Signature]</i>	Date: 12/1/18
	Name: DR MICHELLE HOWARTH	Job Title: Senior Lecturer
	Department and Organisation: School of Health and Society	
	Address: UNIVERSITY OF SALFORD MARY SEARCE BUILDING M6 6PU	
	Tel No: 0161 295 2873	Email: m.l.howarth@salford.ac.uk
	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.

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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> ISA Children's List? Yes <input checked="" 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? 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>								
	If yes, please provide details of the clear disclosure:									
	Date of disclosure: 09/10/2017	Type of disclosure: ENHANCED DBS								
	Disclosure No.: 001590717576	Organisation that requested disclosure: MPS HEALTHCARE								
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: <table border="1"> <tr> <td>o ID with photograph</td> <td>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>o two references</td> <td>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>o verification of permission to work/study in the UK</td> <td>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>o exploration of any gaps in employment</td> <td>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>		o ID with photograph	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	o two references	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	o verification of permission to work/study in the UK	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	o exploration of any gaps in employment	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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o verification of permission to work/study in the UK	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
o exploration of any gaps in employment	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
	■ Evidence of current professional registration Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>									
	■ Evidence of qualifications Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
	■ Occupational health screening / clearance Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
	Is the named individual on a fixed term contract or is the contract end imminent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
	Please indicate current contract end-date	Date: 30/09/2019 - END OF DOCTORATE								
	Signed: <i>[Signature]</i>	Date: 3/1/18								
	Name: B A LIGHT	Job Title: ADRI								
	Organisation: UNIVERSITY OF SALFORD	Department: HEALTH SOCIETY								
	Address: Salford, M6 6PU									
	Tel No: 0161 2955109	Email: b.light@salford.ac.uk								

Please return the form to the researcher.

Section 6 - Instructions to applicants	
<i>To be completed by Researcher</i>	
<i>Please indicate which of the following documents are attached to this Research Passport:</i>	
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 checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Evidence of occupational health screening / clearance	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Appendix – List of projects and amendments	Appendix numbers: N/A <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	Training?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Evidence of qualifications?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Appendix pages reviewed?	Numbers: 01
Professional registration details reviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Occupational health clearance reviewed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Criminal record disclosure reviewed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Date of disclosure:	09.10.2017
		Disclosure No:	001590717576

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:

30.09.2019

END OF DOCTORATE

Signed:

Catherine

Date:

17.01.2018

Name:

CATHERINE MARGRAVE

NHS Organisation Name and contact details

SENIOR RESEARCH SUPPORT FACILITATOR

CRN WEST MIDLANDS

ROYAL WOLVERHAMPTON NHS TRUST

studysupportpc.crnwestmidlands@nhs.uk

Date Honorary Research Contract/letter of access issued (delete as appropriate)

17.01.2018

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 <input type="checkbox"/> No <input type="checkbox"/>	Training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Evidence of qualifications?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Appendix pages reviewed?	Numbers:
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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"/>
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Criminal record disclosure reviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Date of disclosure: Disclosure No:
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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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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Checked Electronic Staff Record: Yes ☐ No ☐ N/A ☐

Signed:	Date:
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Name:

NHS organisation name and contact details:

Date honorary research contract/letter of access issued (*delete as 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:
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

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.