**VISITING ACADEMIC STATUS REQUEST FORM**

**Instructions for applying for a Visiting Research Associateship in the School of Humanities**

**After you have identified a research project that is of mutual benefit to yourself and a colleague within the School, please complete sections A and B of this form, attaching:**

1. **your CV**
2. **one letter of reference**
3. **a summary of your research project** during your time in Bristol, including **brief details of proposed research question, methodology, timetable, outcomes and how the visit contributes to the School of Humanities research themes and interests of individual members of staff**
4. **details of the funding arrangements for your visit.** If you are applying to a funding body to finance your visit, please give funder’s name, fund name, funding amount, funder deadline and any funding conditions. Please indicate whether the funding has been awarded or whether your application for funding is still pending

**Once completed, please send the completed form with all the above to:** hums-exec@bristol.ac.uk**.**

This form should be completed for both:

* New requests for honorary/visiting academic staff
* Extensions to existing honorary/visiting academic staff

For further information please refer to the [Honorary & Visiting Academic Status policy](http://www.bristol.ac.uk/hr/policies/honorary).

**SECTION A - TO BE COMPLETED BY THE INDIVIDUAL BEING AWARDED HONORARY/VISITING ACADEMIC STATUS FOR ALL REQUESTS**

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| **Surname**:\* | Click here to enter text. |
| **First Name:\*** | Click here to enter text. |
| **Known As First Name** (if different from above): | Click here to enter text. |
| **Middle Name/s:** | Click here to enter text. | **Title:** | Click here to enter text. |
|  |
| **Date of birth:\*** | Enter date. |
|  |
| **Contact Details:\*\*** |  |
| **Home Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Tel. No. (home):** | Click here to enter text. | **Tel. No. (mobile):** | Click here to enter text. |
| **E-mail Address:****(*non-UoB email*)** | Click here to enter text. |
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| *In being granted Honorary/Visiting Academic status, you agree to abide at all times with the University’s rules, regulations, policies and procedures, including but not limited to:** *Equality and Diversity Policy (*<http://www.bristol.ac.uk/inclusion/governance-policy-and-guidance/edi-policy-statement/>*)*
* *Anti-Corruption and Bribery Policy (*[*https://www.bristol.ac.uk/media-library/sites/secretary/documents/policies-and-forms/briberypolicy.pdf*](https://www.bristol.ac.uk/media-library/sites/secretary/documents/policies-and-forms/briberypolicy.pdf)*)*
* *Health and Safety Policy (*[*http://www.bristol.ac.uk/safety/news/policy/*](http://www.bristol.ac.uk/safety/news/policy/)*)*
* *Information Security Policy and associated policies (*[*http://www.bristol.ac.uk/infosec/policies/*](http://www.bristol.ac.uk/infosec/policies/)*)*

N.B. Honorary and visiting academics are not eligible to apply for internal vacancies at the University. |
| **Signed:** | Click here to enter text. | **Date:** | Enter date. |
| [ ]  Checking this box will be accepted instead of a signature if you are submitting this form via email. |

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| **Dates of proposed visit****Start date:** Enter date. **End date:** Enter date. |
| **Name of preferred host member of academic staff:** Click here to enter text. |

\* This data is required for the University’s ID verification processes.

All data collected is handled confidentially and used only as necessary for your association with the University. For more information on how your personal data will be used by the University, please see: [www.bristol.ac.uk/secretary/data-protection/policy/staff-processing-notice/](http://www.bristol.ac.uk/secretary/data-protection/policy/staff-processing-notice/)

\*\* If you are contracted via a Third Party Organisation, please provide your work contact details, as supplied to you by the third party.

**SECTION B - TO BE COMPLETED BY THE INDIVIDUAL BEING AWARDED HONORARY/VISITING ACADEMIC STATUS FOR NEW REQUESTS ONLY**

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| **Associated Organisation:** | Click here to enter text. |
| **Associated Organisation Country:** | Click here to enter text. |
| **Tick here if you are an employee at the Associated Organisation:** [ ]  |
| NB: The Associated Organisation will be the organisation that the Honorary/Visiting Academic represents at the University e.g. the organisation the Honorary/Visiting Academic actually works for |
|  |
| **Qualifications (Degree, Diplomas, etc):** |
|  | **Subject** | **Qualification Type** | **Year of Award** | **Awarding Body** |  |
|  | Click here to enter text. | Enter text. | Enter year. | Click here to enter text. |  |
|  | Click here to enter text. | Enter text. | Enter year. | Click here to enter text. |  |
|  | Click here to enter text. | Enter text. | Enter year. | Click here to enter text. |  |
|  | Click here to enter text. | Enter text. | Enter year. | Click here to enter text. |  |
|  | Click here to enter text. | Enter text. | Enter year. | Click here to enter text. |  |
| **GMC/GDC Registration Number** (if relevant): Click here to enter text. |

**PLEASE RETURN THIS FORM (TOGETHER WITH BIOGRAPHY & CV IF THIS IS A NEW REQUEST) TO YOUR CONTACT AT THE UNIVERSITY OF BRISTOL**

**SECTION C - TO BE COMPLETED BY THE SPONSOR**

Please refer to the [How to Engage Honorary and Visiting Academics and Associates guidance](http://www.bristol.ac.uk/hr/policies/how-engage-honorary-associate.html) before completing this form.

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| **TYPE OF STATUS REQUESTED:**Please complete the following fields as appropriate: |
|  | **HONORARY STATUS** | [ ]  |  | **VISITING STATUS** | [ ]  |  |
|  | **New status request** | [ ]  |  | **New status request** | [ ]  |  |
|  |  |  |  |  |  |
|  | Start date: | Enter date. |  |  | Start date: | Enter date. |  |  |
|  |  |  |  |  |  |  |
|  | Review date*\**: | Enter date. |  |  | End date*^*: | Enter date. |  |  |
|  |  |  |  |  |  |  |
|  | End date (if applicable): | Enter date. |  |  | **OR** |  |
|  |  |  |  |
|  | **OR** |  |  |
|  | **Extension to existing status** | [ ]  |  | **Extension to existing status** | [ ]  |  |
|  |  |  |  |  |  |
|  | New review date*\**: | Enter date. |  |  | New end date*^*: | Enter date. |  |  |
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|  | New end date (if applicable): | Enter date. |  |  | *^Visiting status should not exceed 5 years.* |
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|  | *\*Honorary status should be reviewed at intervals of no longer than 3 years.* |  |  |
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| **Please select the appropriate Honorary/Visiting Academic category:***(The category selected will be used as the person’s Honorary or Visiting role title, unless a Personalised Role title is specified below)* |
|  | Lecturer |[ ]  Teaching Associate |[ ]   |
|  | Senior Lecturer |[ ]  Associate Professor |[ ]   |
|  | Research Associate |[ ]  Professor |[ ]   |
|  | Senior Research Associate |[ ]  Industrial Fellow |[ ]   |
|  | Research Fellow |[ ]  Industrial Professor |[ ]   |
|  | Senior Research Fellow |[ ]   |  |  |
| Please refer to [How to Engage Honorary and Visiting Academics and Associates guidance](http://www.bristol.ac.uk/hr/policies/how-engage-honorary-associate.html) and [Honorary & Visiting Academic Status Policy](http://www.bristol.ac.uk/hr/policies/honorary/) for a description of categories.  |
| **Personalised Role title**(*if different from above*): | Click here to enter text. |
| **Department:** | Click here to enter text. |
| N.B. Department is required as well as School in order to create a record in MyERP |
| **School:** | Click here to enter text. |
| **School/Department Address:** | Click here to enter text. |
| **Reason for appointment/extension:*****full justification MUST BE GIVEN****This section is important to enable the Head of School/Dean to assess whether to grant Honorary/Visiting status.* | Click here to enter text. |

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| **ADDITIONAL INFORMATION:**This section will assist the Honorary/Associate Co-ordinator in preparing the contract and determine where any follow up action is required. |
| **Is UoB IT/library/building access required?** [ ]  **Yes** |
| **If yes, please state why.*****full justification must be given****IT/library/building access is not automatically granted for Honorary/Visiting Academics and needs to be requested/reasons given if it is required* |  Click here to enter text. |
| **Is a bench fee applicable?** [ ]  **Yes** [ ]  **No** | **Will the individual be a budget holder?** [ ]  **Yes** [ ]  **No**  |
| **If yes to either of the above, give details:** Click here to enter text. |
| *If you have answered ‘yes’ to ‘bench fee’ or ‘budget holder’, please contact your Faculty Finance Team to initiate the necessary arrangements.* |  |

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| **Intellectual Property (IP)****Please state the scope of work\* to be undertaken by the role holder clearly here (*this wording will be inserted into the contract for IP purposes):***Click here to enter text.**With regard to IP\* arising from work undertaken by the role holder, should the legal rights to this be owned by:** |
| * (Option 1) **The University?**

**OR*** (Option 2) **The role holder or their employer (as applicable)?**

**OR*** (Option 3) **Where the work is governed by an IP clause in a separate agreement between the University and the role holder or their employer, indicate here:**

*\*See section 13 of* [*How to Engage Honorary and Visiting Academics and Associates Guidance*](http://www.bristol.ac.uk/hr/policies/how-engage-honorary-associate.html#d.en.206524) *for further information before completion of this section and note that only one box may be ticked.* | [ ]  **Yes**[ ]  **Yes**[ ]  **Yes** |
| **Will the individual take on Line Management responsibilities at the University?** *If so, please contact the HR Employee Services Hub to discuss* | [ ]  **Yes** |
| **Does this individual have a substantive contract of employment with an NHS organisation and a current registration with the General Medical/Dental council, and will they be taking on teaching/research responsibilities for which the University is going to pay the NAS organisation?****If yes, will the individual supervise or teach students that have direct access to, and provide healthcare to, in-house University Dental School clinic patients?**  | [ ]  **Yes**[ ]  **Yes** |
| *If yes to either of the above, the local departmental Honorary and Associate Co-ordinator should not issue the standard Honorary/Associate contract but should instead send completed forms to the HR Employment Services Hub who will undertake compliance checks and issue a Clinical Academic Honorary Contract for NHS Clinicians.* |
| **Is a DBS check required? Please see HR website for** [**further guidance on DBS checks**](https://www.bristol.ac.uk/hr/policies/criminal-convictions/) **to determine whether applicable.***If yes, please contact the HR Employee Services Hub to discuss.* | [ ]  **Yes** |
| **Is this an international visitor requiring a Visitor or Temporary Work (Government Authorised Exchange) visa?***If you have not already done so, please contact the HR Employee Services Hub to discuss***If they are an international researcher, do they require an ATAS (Academic Technology Approval Scheme) certificate?***To find out whether the individual falls into this category and for more information on how to support them obtaining an ATAS certificate, see* [www.bristol.ac.uk/hr/resourcing/additionalguidance/overseas/skilled-worker/#ATAS](http://www.bristol.ac.uk/hr/resourcing/additionalguidance/overseas/skilled-worker/#ATAS) | [ ]  **Yes**[ ]  **Yes** |

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| **DECLARATION** |
| **Name of Sponsor for this Honorary/Visiting Academic:** | Click here to enter text. |
| For further information about the role of a Sponsor, please see [How to Engage Honorary and Visiting Academics and Associates guidance](http://www.bristol.ac.uk/hr/policies/how-engage-honorary-associate.html). |
| **Signed by Sponsor:** Click here to enter text. | **Date:** Enter date. |
| [ ]  Checking this box will be accepted instead of a signature if you are submitting this form via email. |

**SECTION D - TO BE COMPLETED BY THE RELEVANT APPROVERS**

**Approved by:**

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| **Head of School/Department *(signed)*** Click here to enter text. | **Date:** | Enter date. |
| [ ]  Checking this box will be accepted instead of a signature if you are submitting this form via email. |
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| **Dean *(signed)*** Click here to enter text. | **Date:** | Enter date. |
| [ ]  Checking this box will be accepted instead of a signature if you are submitting this form via email. |

**SECTION F - TO BE COMPLETED BY HONORARY & ASSOCIATE CO-ORDINATOR**

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| *I confirm that all relevant authorisations have been obtained and a signed copy of the honorary/visiting academic contract has been returned by the appointee.* |
| **Signed:** Click here to enter text. | **Date:** | Enter date. |
| [ ]  Checking this box will be accepted instead of a signature if you are submitting this form via email. |

**Please email the completed form to your local Honorary & Associate Co-ordinator(s), who will sign off the submit the form to the Honorary & Associate Team within the TSS.**