**ASSOCIATE STATUS REQUEST FORM***For further information refer to the* [*Associates Policy*](http://www.bristol.ac.uk/hr/policies/associates-policy.html)*:*

**SECTION A - TO BE COMPLETED BY THE INDIVIDUAL BEING AWARDED ASSOCIATE STATUS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:\*[[1]](#footnote-1)\*** | | 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. | | | | | | | |
|  | | | | | | | | | |
| **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:** | | | | | | | | | |
| N.B. The Associated Organisation will be the organisation that the Associate represents at the University e.g. the organisation the Associate actually works for. | | | | | | | | | |
|  | | | | | | | | | |
| *In being granted access to the University’s facilities, 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. A*ssociates *are not eligible to apply for internal vacancies at the University.* | | | | | | | | | |
| **Signed:** |  | | | | | | | **Date:** | Enter date. |
| Checking this box will be accepted instead of a signature if you are submitting this form via email. | | | | | | | | | |

**PLEASE RETURN THIS FORM TO YOUR CONTACT AT THE UNIVERSITY OF BRISTOL**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please tick one**: | | | | | | | | | | | | | | | | | | | | |
|  | **New status request** | | | |  | | | **OR** | **Extension of existing status request** | | | | |  | | | | | |  |
|  |  | |  | | | | |  |  | |  | | | | | | | | |  |
| Start date: | Enter date. | | | | |  |  | New end date*\**: | | | Enter date. | | | | | | |  |
|  |  | | | | | |  |  | |  | | | | | | | | |
| End date*\**: | Enter date. | | | | |  |  |  | |  | | | | | | | | |
|  |  |  | | | | |  |  |  | |  | | | | | | | | |  |
| *\*Associate status is granted for a maximum of 12 months and can then be extended if required.* | | | | | | | | | | | | | | | | | | | | |
| **Department:** | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| *(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. | | | | | | | | | | | | | | | | | |
| **Will the individual be a Budget holder?** | | | | | | | | | | | | | | | | **Yes** | | | | |
| *If yes, please contact your Faculty Finance team to initiate the required arrangements.* | | | | | | | | | | | | | | | | | | | | |
| **Will the individual take on Line Management responsibilities at the University?**  *If so, please contact the HR Employee Services Hub to discuss* | | | | | | | | | | | | | | | **Yes** | | | | | |
| **Is a DBS check required? Please refer to the Unviersity’s** [**Disclosure and Barring Service Policy**](http://www.bristol.ac.uk/hr/resourcing/additionalguidance/disclosure-and-barring-services-dbs/) **to determine** **where applicable.**  *If you have not already done so, please contact the HR Employee Services Hub to discuss* | | | | | | | | | | | | | | | **Yes** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Associate status requested:**  *(The category selected will be used as the person’s Associate role title, unless a Personalised Role title is specified below. Refer to the* [*Associates Policy*](http://www.bristol.ac.uk/hr/policies/associates-policy.html) *for category descriptions)* | | | | | | | | | | | | | | | | | | | | |
|  | Agency Worker\* | |  | Third Party Organisation | | | | | |  | University Governance | | | | | |  | | |  |
|  | University Subsidiary | |  | UoB Partner Representative | | | | | |  | Student Placement | | | | | |  | | |  |
|  | Self-Employed Individual | |  | Student Union Staff/Sabbatical Officer | | | | | |  | Work Experience Placement | | | | | |  | | |  |
| *\* For Agency Workers send the form to* [*temp-agencies@bristol.ac.uk*](mailto:temp-agencies@bristol.ac.uk) *who will arrange Associate access, but note temp workers would normally be engaged via* [*TSS*](http://www.bristol.ac.uk/temporary-staffing/) *where this form is not needed.* | | | | | | | | | | | | | | | | | | | | |
| **Personalised Role title**  (if different from above): | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| **Reason for requesting Status:** | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| **Associates will not normally be included in the Contacts Directory. Please tick if there is an exceptional requirement for this person to be included in the Contacts Directory:** | | | | | | | | | | | | | | | | | |  | | |
| **Name of Sponsor for this Associate:** | | | | | | Click here to enter text. | | | | | | | | | | | | | | |
| **I confirm that an appropriate agreement is in place covering the work to be undertaken by the Associate** (see [Associates Policy](http://www.bristol.ac.uk/hr/policies/associates-policy.html))  For further information on the role of a Sponsor please see the Sponsor Guidance at [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:** | | |  | | | | | | | | **Date:** | | Enter date. | | | | | | | |
| Checking this box will be accepted instead of a signature if you are submitting this form via email. | | | | | | | | | | | | | | | | | | | | |

**SECTION C - TO BE COMPLETED BY SCHOOL/SECTION MANAGER**

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| **Approved**  **Not approved** | | |
| **Signed:** | **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 HONORARY & ASSOCIATE CO-ORDINATOR**

|  |  |  |
| --- | --- | --- |
| *I confirm that all relevant authorisations have been obtained* | | |
| **Signed:** | **Date:** | Enter date. |
| Checking this box will be accepted instead of a signature if you are submitting this form via email. | | |

Please send the completed form to your local Honorary & Associate Co-ordinator(s) who will sign off the form and submit it to the Honorary & Associate Team within the TSS or the Resourcing Team for Agency Workers. If you are unsure who your local Honorary & Associate Co-ordinator is please email

[honorary-associate-enquiries@bristol.ac.uk](mailto:honorary-associate-enquiries@bristol.ac.uk)

1. \* 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. [↑](#footnote-ref-1)