

School of Sociology, Politics, and International Studies

The University of Bristol

**HONORARY/VISITING STATUS REQUEST FORM**

This form should be completed for both:

* New requests for Honorary/Visiting staff
* Extensions to existing honorary/visiting staff

For further information refer to the Honorary and Visiting Status policy:

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

|  |
| --- |
| **Surname:** Click or tap here to enter text. |
| **First name:** Click or tap here to enter text. |
| **Known as First Name:** Click or tap here to enter text.(if different from above) |
| **Middle Name/s:** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |

|  |
| --- |
| **Date of birth:** Click or tap here to enter text. |
| **Home address:** Click or tap here to enter text.**Postcode:** Click or tap here to enter text. |
| **Tel.No. :** Click or tap here to enter text.**E-mail Address:** Click or tap here to enter text. |

|  |
| --- |
| **Please indicate the reasons for requesting honorary/visiting status, including goals and expected outcomes, and which academic(s) amongst current SPAIS staff you will be working with** |
| **Scope of Work:** Click or tap here to enter text. |
| **Special Goals:** Click or tap here to enter text. |

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

|  |
| --- |
| **Associated Organisation:** Click or tap here to enter text.**Tick here if you are an employee at the Associated Organisation:** [ ]  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Qualifications (Degree, Diploma, ect):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject:** | **Qualification Type:** | **Year of Award:** | **Awarding Body:** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**GMC/GDC Registration Number** (if relevant): Click or tap here to enter text. |

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

|  |
| --- |
| **Please indicate A brief statement of support confirming collaboration and indicating the benefit of visiting status to the individual and to the School (complete by the sponsor):** |
| Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please select the request status and complete the following fields as appropriate:**

|  |
| --- |
| **VISITING STATUS** [ ]  |
| **New status request** [ ] **Start date:** Click or tap here to enter text.**End date:**Click or tap here to enter text. |
| **OR** |
| **Extension to existing status** [ ] **New end date:** Click or tap here to enter text. |

|  |
| --- |
| **HONORARY STATUS** [ ]  |
| **New Status Request** [ ] **Start date:**Click or tap here to enter text.**End date:**Click or tap here to enter text. |
|  **OR** |
| **Extension to existing status** [ ] **New end date:** Click or tap here to enter text. |

 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please select the appropriate Honorary/Visiting category:**

|  |  |
| --- | --- |
| Lecturer  |[ ]  Research Associate  |[ ]
| Senior Lecturer  |[ ]  Senior Research Associate  |[ ]
| Research Associate  |[ ]  Teaching Associate  |[ ]
| Senior Research Associate  |[ ]  Senior Teaching Associate  |[ ]
| Professor  |[ ]
| Senior Professor  |[ ]

 |
| **Resource Role Title:** Click or tap here to enter text.(if different from above)  |

|  |
| --- |
| **Bench Fee Yes** [ ]  **No** [ ]  |
| **Is the individual taking on line management responsibilities? Yes** [ ]  **No** [ ]  |
| **Will the individual be a budget holder? Yes** [ ]  **No** [ ]  |

|  |  |
| --- | --- |
| **Sponsor Name:** Click or tap here to enter text.**Signed by sponsor:**  | **Date:** Click or tap here to enter text. |

**Please email this form to SPAIS Executive Team:**

**spais-admin@bristol.ac.uk**