

## Appendix 1

# Letter of Access Information Form - NHS

The purpose of this form is to confirm the pre-engagement checks conducted by the employing NHS Trust in relation to an NHS employee or clinical academic with an NHS honorary clinical contract wishing to conduct research in **Cambridge University Hospitals NHS Foundation Trust**

<b>Section 1 - Details of Researcher</b>	
<i>To be completed by R&amp;D department at [Insert Trust name]</i>	
Surname:	Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/>
Forename(s):	Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
NHS employer:	
Post or status held:	
Work Address:	
Work Tel:	Mobile:                      Email:
Date of Birth:	
<b>Name of research study/R&amp;D no.</b>	
<b>Dates for access:</b> Start date	End date
<b>Section 2 - Pre-engagement checks</b>	
<i>To be completed by the HR department of the researcher's substantive employer</i>	
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?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>If yes, please provide details of the clear disclosure</i>	
Date of disclosure:	
Type of disclosure:	
Organisation that requested disclosure:	
Have the pre-engagement checks described below been carried out with regard to the above-named individual?	
<ul style="list-style-type: none"> <li>▪ Employment/student screening:                             <ul style="list-style-type: none"> <li>○ ID with photograph</li> <li>○ two references</li> <li>○ verification of permission to work/study in the UK</li> <li>○ exploration of any gaps in employment</li> </ul> </li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/>
<ul style="list-style-type: none"> <li>▪ Occupational health screening                             <ul style="list-style-type: none"> <li>○ Cleared for EPP?</li> </ul> </li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed:	Date:
Name:	Job Title:
Organisation:	Department:

Address:

Email:

*Please return the completed form to:*

**Valerie Sparks**

**HR Manager**

**R&D Department**

**Box 277**

**Addenbrooke's Hospital**

**Hills Road**

**Cambridge CB2 0QQ**

**You must inform Cambridge University Hospitals NHS Foundation Trust of any changes to the information supplied above. Failure to do so may result in withdrawal of the letter of access.**