

## APPLICATION FOR AN HONORARY CONTRACT

**Section 1: To be completed by the applicant:**

<b>Title:</b>	<b>Surname:</b>	<b>Forename(s):</b>
<b>Home Address:</b>		
<b>Post Code:</b>		
<b>Telephone no. (home):</b>		
<b>Telephone no. (mobile):</b>		
<b>e-mail address:</b>		
<b>National Insurance Number (for database purposes only):</b>		
<b>Date of Birth if under 18 (for health &amp; safety reasons):</b>		
<b>Next of Kin name:</b>		
<b>Next of kin contact details:</b>		
<b>Relationship to you:</b>		
<b>Professional Registration No/PIN No (if applicable):</b>		
<b>Registration type: full / limited</b>	<b>Expiry Date:</b>	
<b>For medical &amp; dental staff only: NTN number (if applicable):</b>		
<b>For medical and dental staff only: CCT date (if applicable):</b>		
<b>Do you require a work permit?</b>	<b>YES/NO</b>	
<b>Current employer or place of study:</b>		
<b>Current job title and grade:</b>		
<b>Line manager or academic supervisor:</b>		
<b>Address:</b>		
<b>Postcode:</b>		
<b>Telephone no:</b>		
<b>e-mail address:</b>		
<b>Please give the name and address of two referees (not relatives). One referee must be your current or most recent line manager/clinical director, or course tutor if you are a student. Your referees must be able to provide direct knowledge of your work performance and fitness to practise.</b>		
<b>Referee name:</b>	<b>Referee name:</b>	
<b>Address:</b>	<b>Address:</b>	
<b>Postcode:</b>	<b>Postcode:</b>	
<b>Telephone no:</b>	<b>Telephone no:</b>	
<b>e-mail address</b>	<b>e-mail address:</b>	

<p><b>REHABILITATION OF OFFENDERS ACT</b></p> <p>Because of the nature of the work for which you are applying, the post is exempt from the provisions of section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under provision of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by Cambridge University Hospitals NHS Foundation Trust. In addition the Trust may be required to check your details against lists held by the Department of Health and the Department of Education and Skills. Any information given will be completely confidential.</p>	
<p><b>Have you had any cautions, criminal conviction(s) or criminal convictions pending, warnings or reprimands?</b></p> <p>If yes, please state their nature:</p> <p>Date of conviction(s):</p>	<b>YES/NO</b>
<p><b>You are required to declare if you are currently the subject of any investigation or proceedings by any body having regulatory functions relating to health/social care professionals including such a body in another country.</b></p> <p>Are you currently the subject of any investigation or proceedings?</p> <p>If yes please state their nature:</p>	<b>YES/NO</b>
<p><b>You must also disclose if you have ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following fitness to practice proceedings by a regulatory body in the UK or in another country.</b></p> <p>Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations?</p> <p>If yes please state the nature:</p>	<b>YES/NO</b>
<p><b>Where such a post involves regularly caring for, training, supervising or being in sole charge of persons aged under 18 or vulnerable adults, you are required to state whether you are currently the subject of any police investigation in the UK or any other country.</b></p> <p>Are you currently the subject of any police investigation?</p> <p>If yes please state the nature:</p>	<b>YES/NO</b>
<p><b>Please state whether you have previously been dismissed from any employment, office or other position by a reason of misconduct.</b></p> <p>Have you previously been dismissed by a reason of misconduct?</p> <p>If yes please state the nature:</p>	<b>YES/NO</b>
<p><b>Have you had a Criminal Records Bureau disclosure issued in the last 6 months, or are you a healthcare student for whom a Criminal Records Bureau disclosure was applied for by your higher education establishment at the start of your course?</b></p> <p>If Yes please complete Appendix 1 on page 6 of this application form and make your original copy of the Disclosure available to the sponsoring manager for inspection</p>	<b>YES/NO</b>
<p><b>Declaration by applicant:</b></p> <p>I understand that an honorary contract, if offered, may be subject to a satisfactory medical examination and will be subject to the information on this, or any other form being correct; any false or misleading information may lead to the withdrawal of the contract. Applicants must disclose, in writing, if they are related to any member holding any senior office under the Trust. Failure to disclose such a relationship, or canvassing of such persons, shall disqualify an applicant and, if appointed, render them liable to summary withdrawal of the contract. I also understand that information from this form will be entered onto a computer as part of the application process.</p>	
<b>Signature:</b>	<b>Date:</b>

**Section 2:** To be completed by the applicant's substantive line manager, clinical director or academic supervisor. If the applicant is currently not in employment or education this section is not applicable but please state this clearly on the application form below.

<b>Applicant's name:</b>	
<p><b>Are there any disciplinary warnings or capability stages recorded in respect of the applicant which are not time expired?</b></p> <p>If yes, what action has been taken?</p> <p>Reason:</p>	<b>YES/NO</b>
<p><b>Is there any disciplinary action pending (including whether the applicant is currently under investigation)?</b></p> <p>If yes, please give details:</p>	<b>YES/NO</b>
<p><b>Are you aware of any reasons why the applicant should not be considered for this post?</b></p> <p>If yes, please state reasons:</p>	<b>YES/NO</b>
<p><b>The post the applicant is applying for is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (exemptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act.</b></p> <p><b>Do you know of any convictions in respect of the applicant?</b></p> <p>If yes, please give details:</p>	<b>YES/NO</b>
<b>Have you reliably verified the applicant's qualifications?</b>	<b>YES/NO</b>
<p><b>For higher education establishments of healthcare students only:</b></p> <p><b>Have you reliably carried out a satisfactory Criminal Records Bureau Disclosure for the applicant at the start of this course?</b></p> <p>If yes please state the level of Disclosure requested and the date received:</p> <p><b>Level of Disclosure:</b> _____ <b>Date received:</b> _____</p>	<b>YES/NO</b>
<b>Signed:</b> _____	<b>Date:</b> _____
<b>Name:</b> _____	
<b>Job Title:</b> _____	
<b>Organisation:</b> _____	
<b>Address:</b> _____	
<b>Postcode:</b> _____	
<b>Telephone no:</b> _____	
<b>Email address:</b> _____	

**Section 3: To be completed by the Addenbrooke's Sponsoring Manager\***

<b>Applicant's name:</b>			
<b>Department(s) to be worked in:</b>			
<b>Start date:</b>		<b>End date:</b>	
<b>Honorary job title or post:</b> (for Medical & Dental honorary contracts please refer to the policy for guidance on allowable titles)			
<b>Brief description of duties to be carried out:</b>			
<b>Approximate number of hours to be worked in the Trust per week:</b>			
<b>Does this post incur a cost to the Trust (eg. secretarial support, office space etc)? YES/NO</b> If yes, please specify:			
<b>Name of person who will be responsible for the honorary contract holder:</b>			
<b>Job title:</b> (for non-medical research staff this should be the SDU Director as they will take responsibility for research governance procedures*)			
<b>Does this application meet the criteria for exemption from the administration fee? YES/NO</b> If yes, please specify:			
<b>Type of honorary contract requested:</b>	<b>Medical &amp; Dental</b> <input type="checkbox"/> (complete sections 4 & 7)	<b>R&amp;D</b> <input type="checkbox"/> (complete sections 5 & 7)	<b>General</b> <input type="checkbox"/> (complete sections 6 & 7)

**Section 4: Medical and Dental Honorary Contract Applications Only**

<b>Name of Sponsoring Consultant:</b>		
<b>Department &amp; Box No:</b>		
<b>Signature:</b>		<b>Date:</b>
<b>Source of funding for this post: please tick the appropriate box below</b>		
<b>Addenbrooke's Hospital</b>	<input type="checkbox"/>	
<b>Cambridge University Clinical School</b>	<input type="checkbox"/>	
<b>Other (please specify)</b>	<input type="checkbox"/>	
<b>Will the honorary contract holder be participating in a clinical rota?</b> If yes, please state which rota, the nature and frequency of participation:		<b>YES/NO</b>
<b>Has funding been identified?</b> If required, please obtain the signature of a Medical Staffing Manager:		<b>YES/NO</b>
<b>Signed:</b>		
<b>COUNTERSIGNATORIES FOR MEDICAL AND DENTAL APPLICATIONS</b>		
<b>Clinical Director/SDU Director or ADO</b>		
<b>Signature:</b>		<b>Date:</b>
<b>Academic Head of Department</b> (if the applicant is a University employee)		
<b>Signature:</b>		<b>Date:</b>
Please complete section 7 before submitting to the Medical Staffing Department, Box 154		

**Section 5: Honorary Research Contract Applications Only**

<b>Where will the research take place?</b> Please tick all that apply and specify		
In NHS facilities	<input type="checkbox"/>	
In a University Department	<input type="checkbox"/>	
In the Medical Research Council Unit	<input type="checkbox"/>	
Other location(s)	<input type="checkbox"/>	
<b>Name of Sponsoring SDU Director*:</b> <b>Department &amp; Box No:</b> <b>Contact telephone number:</b> <b>Signature:</b> _____ <b>Date:</b> _____		
<small>*If the research is undertaken in the Clinical Research Facility (CRF) the Wolfson Brain Imaging Centre (WBIC) or the MRC Epidemiology Unit and it is not aligned to an SDU, responsibility for research governance may rest with the Clinical Director of the CRF, the Director of Research of the WBIC or the Head of the MRC Epidemiology Unit in their capacity as substantive or honorary contract holders, and they may act as the Sponsoring Manager.</small>		
<b>Principal Investigator Name:</b>		
<b>Signature:</b> _____		<b>Date:</b> _____
<b>Head/Director of Department or Unit if the research is based outside the NHS:</b>		
<b>Name:</b>		
<b>Position:</b>		
<b>Department:</b>		
<b>Address:</b>		
<b>Signature:</b> _____		<b>Date:</b> _____
Please complete section 7 before submitting to the R&D Dept, Box 146		

**Section 6: General Honorary Contract Applications Only**

<b>Name of Sponsoring Manager:</b>	
<b>Job Title:</b>	
<b>Department &amp; Box No:</b>	
<b>Contact telephone number:</b>	
<b>Signature:</b> _____	<b>Date:</b> _____
Please complete section 7 before submitting to the Personnel Dept, Box 184	

**Section 7: CRB Disclosure Checklist (to be completed for all applications)**

<b>Honorary Job Title:</b>		
<b>Level of post holder's direct access to patients in the course of their normal duties:</b> (see examples below)	<b>Please tick below</b>	<b>CRB Disclosure status:</b>
<b>RARE</b> i.e. cannot believe that this will ever happen. eg. Support services with no patient contact e.g. Human Resources, Access, Pharmacy Dispensing Technicians, Postal Couriers, Communications, Resource for Change, Medical Records, Pathology.		<b>NO CHECK REQUIRED</b>
<b>UNLIKELY OR POSSIBLE</b> i.e. do not expect it to happen but it is possible or it may occur occasionally. eg. Medical Secretaries, Maintenance posts, contract cleaners (in non ward areas)	Working with Children	<b>STANDARD DISCLOSURE REQUIRED</b>
	Working with Vulnerable Adults	
<b>LIKELY OR MOST CERTAIN</b> i.e. most probable or frequent occurrence. eg. All Nursing and Medical, AHPs, Ward Clerks, Porters, Moving & Handling posts, Clinic Receptionists, Ward Pharmacists, Ward Assistants, Physician Assistants	Working with Children	<b>ENHANCED DISCLOSURE REQUIRED</b>
	Working with Vulnerable Adults	
<b>If the applicant has completed Appendix 1 the sponsoring manager should undertake the following checks and sign below to confirm completion:</b>		
The Disclosure is at the level required (standard or enhanced)		YES/NO
The Disclosure has been issued within the last six months, or the applicant is a healthcare student for whom it was issued at the start of their course		YES/NO
There is nothing recorded on the Disclosure (Please refer to HR or Medical Staffing if a Disclosure has been made by the CRB)		YES/NO
<b>Signature:</b>		<b>Date:</b>

**Appendix 1: To be completed by the applicant if a CRB Disclosure has been issued within the last 6 months or if the applicant is a healthcare student for whom it was issued at the start of their course**

<b>Applicant's full name:</b>	
<b>Name of countersignatory on Disclosure:</b>	
<b>Countersignatory's address:</b>	
<b>Countersignatory's telephone no:</b>	
<b>Date of issue of Disclosure:</b>	
<b>Disclosure Reference Number:</b>	
<b>Type of Disclosure</b>	Standard / Enhanced (please delete as appropriate)
I have applied for an honorary contract with Cambridge University Hospitals NHS Foundation Trust and consent the above named countersignatory confirming such details relating to the Disclosure (details above) issued to me by the Criminal Records Bureau as may be necessary to assist with an assessment of my suitability for the position.	
<b>Signature:</b>	<b>Date:</b>