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| BSMS logo | **HON 1.3** REQUEST FOR HONORARY ACADEMIC CONTRACT |

To: Human Resources Division, University of Sussex, Brighton, Falmer, East Sussex, BN1 9RH.

From:……………………………………………………………… Tel: ………………………………………….

Nb: this form **should be completed only** for staff holding substantive NHS or University of Brighton appointments.

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| **A To be approved by relevant NHS Trust OR University of Brighton HR Department** | |
| **APPLICANTS FULL NAME:** | Title: (Dr / Prof / Sir / Mr / Miss / Ms / Mrs) |
|  | Forename(s): |
|  | Surname: |
| **DATE OF BIRTH:** |  |
| **HOME CONTACT DETAILS:** | Address:  Home Tel:…………………………………………………………………….  Mobile Tel:…………………………………………………………………… |
| **JOB TITLE OF NHS / UNIVERSITY OF**  **BRIGHTON POSITION HELD:** |  |
| **QUALIFICATIONS HELD (Please tick as appropriate)** | CCST PhD OTHER (please state)  GMC No. …………………… |
| **IF CLINICAL MEDICAL/SURGICAL SPECIALIST:** |  |
| **NHS /UNIVERSITY OF BRIGHTON**  **WORKPLACE CONTACT DETAILS:** | Address:  Work Tel:  Work email: |
| **START DATE IN SUBSTANTIVE POST:** |  |
| **DURATION OF SUBSTANTIVE**  **APPOINTMENT (if fixed term):** |  |
| **LINE MANAGER FOR SUBSTANTIVE APPOINTMENT (e.g. for Grievance purposes):** | Name:  Tel:  Email: |
| **IF CLINICIAN - TRANSFER DATE TO NEW CONSULTANT CONTRACT** |  |
| **INTEGRATED JOB PLAN AGREED FOR SUBSTANTIVE AND HONORARY DUTIES** | YES / NO |
| **TRUST HAS RECEIVED OCCUPATIONAL HEALTH CLEARANCE FOR CANDIDATE** | YES / NO |
| **ANY DISABILITIES / ADJUSTMENTS UNIVERSITY SHOULD NOTE RE: HONORARY ACADEMIC APPOINTMENT** |  |
| On behalf of **……………….……………NHS Trust / University of Brighton (delete as applicable)** I confirm that the details provided above are correct, and now ask the University of Sussex Human Resources Division to issue an honorary academic contract.  SIGNATURE: DATE:  PRINT NAME: CONTACT TEL: | |