**External Researcher Information Form (ERIF)**

**Please email to** [**research@nbt.nhs.uk**](mailto:research@nbt.nhs.uk)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title of study submitted to the HRA | | | | | | | | R&I Study number | | | | | | | |
|  | | | | | | | |  | | | | | | | |
| Sponsor | | | | | | | | NBT contact department | | | | | | | |
|  | | | | | | | |  | | | | | | | |
| Start date of study DD-MM-YY | | | | | | | | End date of study DD-MM-YY | | | | | | | |
|  |  | **-** |  |  | **-** |  |  |  |  | **-** |  |  | **-** |  |  |

**Personal Details**

|  |  |
| --- | --- |
| Current home address | |
| Surname |  |  | |
| Forename(s) |  |
| Email address |  |
| Home/Mobile No |  | Postcode |  |

**Emergency Contact**

|  |  |
| --- | --- |
| Home address | |
| Next of kin |  |  | |
| Relationship |  |
| Home /Mobile number |  | Postcode |  |

**Employment/Education Details**

|  |  |  |
| --- | --- | --- |
| Organisation / University address | | |
| Organisation/University |  |  | | |
| Department |  |
| Employment contract end date |  |
| Email address of HR/ Faculty manager. |  |
| Line manager & Tel Number |  |
| Your Job title |  | Postcode |  | |
|  | | | |
| Details of professional registrations (if applicable and include any registration numbers) | | | |
|  | | | |

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| If you are a student and this research project is part of your healthcare placement, please indicate this in the box below |
|  |

**Your specific research-related activities to be undertaken at**

**North Bristol NHS Trust**

**Please tick the boxes below that will be relevant to you in your role on the study.**

**If you are an *NHS employee* you do not need to complete this section.**

|  |  |
| --- | --- |
| Will you be working on more than one study at NBT? |  |
| Will you be working with individuals under the age of 18? |  |
| Will you be working with vulnerable adults? |  |
| Will what you will be doing in your role on this study have any likely impact on prevention, diagnosis or treatment? |  |
| Do you have a DBS (Disclosure and Barring Service document)?  (If YES, please send a copy when you return your completed ERIF). *Please note if your DBS is not recent it may need to be repeated.* |  |
| Will you have patient contact? |  |
| If yes to the above or have contact with human tissue or organs, do you have Occupational Health clearance (OH)?  (If YES, please send a copy when you return your completed ERIF). *Please note if your OH is not recent it may need to be repeated.* |  |
| Will you have direct (e.g. face-to-face) or indirect  (e.g. telephone interviews) contact with the patient? |  |
| Will you have access to patient data?  (If YES, please answer next question) |  |
| Will the data that you will have access to be identifiable or anonymised? |  |
| Will you be working in NBT clinical areas? |  |
| If NO to the above question please specify the NBT location |  |
| If this research project (or others that have been approved by NBT) involves face-to-face contact with any of its patients, in terms of direct care or otherwise, please answer the following*)* | |
| *‘Have you ever been bound over or convicted of a criminal offence, received a police caution, final warning or reprimand, either in the part or that is ongoing (not yet been disposed of), in the UK or any other country’-* ***If your answer is YES please give further information.*** | |