**External Researcher Information Form (ERIF)**

**Please email to** **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.*** |