

UCLH Request Form - New Honorary Contract

CONSULTANT CLINICAL ACADEMIC STAFF ONLY

- Please complete all sections of the form and either highlight, circle or make bold answers.
- On com
- Once completed and authorised by your Divisional Manager and applicants supervisor submit a scanned copy via email to Aisha Carroll (a.carroll@ucl.ac.uk)
- Please include in the email, a copy of certified RTW, certified DBS and certified immunisation certificate
- It will take 8 weeks from date of submission to issue honorary contract unless prior notification to the honorary contracts team has been agreed.

Section A: Requester / Honorary Contracts Administrator Details									
1. Full Name:			2. Job title:		HR Administrator (UCL)				
3. Employee Number:		n/a		4. Email Address:			5. Tel num:		
6. Are you a paid employee of UCLH?		Y	<u>No</u>	7. Will you be the day to day supervisor?		Y (go to section C)		<u>No</u>	
Section B: Supervisor Details									
8. Full Name of Day to Day Supervisor:				9. Email Address:					
<i>ESR number is the supervisor's ESR details</i>				10. ESR Employee Number					
Section C: Applicant Details									
11. Full Name:									
12 a. Is the applicant from UK/EEA?			Y	<u>N</u>	12 b. Is the applicant from outside the EEA?			Y	<u>N</u>
13 a. Does the applicant have a paid contract of employment in the UK?			<u>Y</u>		13 b. Will the applicant be paid by an organisation outside of the UK for the length of their honorary contract?				<u>N</u>
14 a. Name of Employer where applicant has paid contract:				<u>UNIVERSITY COLLEGE LONDON</u>					
14 b. Is this employer:				NHS		<u>UCL</u>		HCA Healthcare UK	OTHER
15 a. Is the applicant a volunteer?				Y (Contact Volunteer Services team)			N (go to section D)		
15 b. Is the applicant a student?				<u>N</u>	15 c. Name of university:		N/A		
15 c. Is the placement a formal requirement of their studies?				<u>N</u>	15 d. Is this part of a student placement we are contracted to provide?				<u>N</u>
Section D: Honorary Contract Post Details									
16 a. Proposed Start Date:				16 b. End Date:		Open ended in line with UCL end date/retirement date			
<i>< 8 weeks after date of submission unless prior notification to the honorary contracts team has been agreed</i>				<i>Dependent on right to work & maximum length of contract</i>					
17. Post title:		<u>CONSULTANT CLINICAL ACADEMIC /</u>							
18. Brief description of duties:		Joint clinical and academic work undertaken, as outlined in the annual joint job plan							
19 a. Board:				19 b. Directorate					

19 c Specialty					
20 a. Is this a Research Post?	<u>Y</u>	<u>N</u>	20 b. Will research post require Epic Training?	<u>Y</u>	
21. Will research post require patient contact? <i>Patient contact includes: face to face, email and telephone contact</i>			<u>Y</u>	<u>N</u>	
22. What Level of DBS check is required: <i>Guidance for DBS (link)</i>	Enhanced Adult	Enhanced Child	Enhanced Child and Adult	Standard	
23. Staff Group:	<u>Medical and Dental</u>	Nursing and Midwifery Registered	Administrative and Clerical	Allied Health Professionals	
	Estate and Ancillary	Healthcare Scientists	Additional Clinical Services	Additional Professional Scientific & Technical	
24. Grade of Post:	Consultant	Doctor in Training (Deanery)	Trust grade doctor	Other Doctor	
	<u>Clinical academics</u>		Agenda for Change 1-4	Agenda for change 5-7	Agenda for change 8a+
	Students		Pre-registration	Post registration Students	
25. How many days in a week will applicant be working:					
26. Will post require Exposure Prone Procedures (EPP)? <i>See Guidance for EPP (link)</i>			<u>Y</u>	<u>N</u>	
27. Is UCLH paying all or part of this Honorary Contract Post?	<u>Y</u>	<u>N</u>	28. Is UCLH responsible for the applicants' statutory and mandatory training?	<u>Y</u>	<u>N</u>
29. Is UCLH & UCL responsible for applicants' appraisal?	<u>Y</u>	<u>N</u>	30. Is UCLH the responsible officer for applicants' revalidation?	<u>Y</u>	<u>N</u>
Section E: Authorisation					
Divisional Clinical Director / Divisional Manager Name:		Signature:		Date:	
Head of Workforce / HR Business Partner Name:		Signature:		Date:	
Local HR Manager:		Signature:		Date:	
Section F: Position Number (for recruiting manager or ESR Team to complete)					
30. If known please enter position number Otherwise ESR team to complete					