



HONORARY PASSPORT REQUEST FORM

To be completed by primary employer – i.e. line manager

Please do not use this form to apply for a Research Passport. Research Passport application forms should be obtained from your Research & Development Department

Please complete this form and forward it to the primary/substantive employer HR Department for approval and issue of an honorary passport.*

Post Type [tick one box]: CONSULTANT

OTHER STAFF GROUP

Please note that Senior Lecturers should not use this form. Please contact KCL HR Department.

CURRENT CONTRACT HELD WITH [tick one]:	HONORARY PASSPORT REQUIRED FOR (HOST*) – this may include more than one host :
King’s College London (KCL) <input type="checkbox"/>	King’s College London (KCL) <input type="checkbox"/>
King’s College Hospital (KCH) <input type="checkbox"/>	King’s College Hospital (KCH) <input type="checkbox"/>
South London and the Maudsley (SLaM) <input type="checkbox"/>	South London and the Maudsley (SLaM) <input type="checkbox"/>
Guy’s & St Thomas’ Hospital (GST) <input type="checkbox"/>	Guy’s & St Thomas’ Hospital (GST) <input type="checkbox"/>
Royal Brompton & Harefield NHS FT <input type="checkbox"/>	Royal Brompton & Harefield NHS FT <input type="checkbox"/>

Please complete for individual(s) who require an honorary passport:
(The same form may be used for multiple requests where the same honorary arrangements are required e.g. cross cover within an Institute, department, directorate or Clinical Academic Group CAG)

Name	Current Job Title	Department	CAG (where applicable)	Work email	Telephone	Assignment/ Payroll Number

PART 2: DETAILS AND PURPOSE OF HONORARY PASSPORT – (completed by individual)	
TRUST/UNIVERSITY:	DEPARTMENT:
<i>Note: For all staff, it is assumed that the clinical activity/activity to be performed in the honorary role will be the same as that undertaken in the primary contract of employment. If this is NOT the case then please complete the relevant section highlighted below.</i>	
WHAT IS EMPLOYEE COMING TO DO?: Will they have patient contact (please tick): <input type="checkbox"/>	

*Primary employer = employer who pays the individual

**Host employer = employer where honorary work will be carried out

Details:	Will they have access to patient information: <input type="checkbox"/> Will they have access to children (aged under 18): <input type="checkbox"/>
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Access to be granted for: IT system(s) - Please specify: ID badge - Site(s) required for:
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ESTIMATED TIME SPENT ON HONORARY WORK: (PAs/hours per week)	INDICATE IF THERE WILL BE : OUTPATIENT CLINICS: <input type="checkbox"/> (Details): <div style="text-align: right;">INPATIENT BEDS: <input type="checkbox"/></div>
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Note: Honorary Passports will normally be offered for the duration of the primary Contract of Employment unless otherwise requested as follows: FROM: TO:

PLEASE GIVE DETAILS IF THE CLINICAL/SURGICAL/OTHER ACTIVITY IS DIFFERENT FROM THEIR PRIMARY ROLE:
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(Note: it is important to specify (a) if they will be doing a different procedure/activity, as another level of health clearance may be required. Or, (b) if they will be working with children in their honorary role but not in their primary role as a further CRB check may be necessary).

PART 3: FUNDING IMPLICATIONS

ARE THERE ANY COSTS TO BE RECHARGED TO THE PRIMARY EMPLOYER? IF SO PLEASE INDICATE:-		
(A) Number of PAs/Salary Proportion:	(B) Other Costs - £	(pl. specify):

PART 4: APPROVAL – HOST ORGANISATION

HONORARY STAFF MEMBER(S) TO BE RESPONSIBLE TO: (ie. Name of Consultant/Manager in Charge)	
REVALIDATION REQUIREMENTS (where applicable) Name and designation of Responsible Officer:	
APPROVAL GRANTED BY (Host Manager): Name: Job Title:	DATE:

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 Created November 2010, 1st review April 2011 2nd Review October 2017 Final January 2018 Modified for partnership working December 2018

Signature:		
APPROVAL GRANTED BY (Responsible Officer):		DATE:
Name:		
Job Title:		
Signature:		
AUTHORISED BY (Primary Line Manager):		DATE:
Name:		
Job Title:		
Signature:		

When approved, a copy of this form should be sent to the Medical HR Department (for all Medical Staff) or HR Department (for all other staff) of the primary employer. (May be emailed).

The signed copy to be retained by the Manager requesting the Honorary Passport. This may vary according to the internal policies of the host organisation.

PART 5: FOR USE BY PRIMARY EMPLOYING HR/MEDICAL HR DEPARTMENT ONLY			Verified by (Signature)	Please print name and job title
All recruitment checks verified	YES/NO	DATE:		

REQUIRED ACTIONS: Please not any comments here; e.g. where an additional check is required or a check needs to be updated

HR from the primary employer to retain a copy of this form on the individual's personal file. The form should not be filed until all actions in box "REQUIRED ACTIONS" above have been completed.

PART 6: FOR USE BY THE RESPONSIBLE OFFICER'S OFFICE ONLY			Verified by (Signature)	Please print name and job title
Revalidation requirements met	YES/NO	DATE:		

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