**HONORARY TITLE REQUEST FORM**

*Title details:*

| Title requested1 |  |
| --- | --- |
| Type of request | New/Extension/Promotion/Other (delete as applicable) |
| Department/Area |  |
| Period of title | From:  | To:  |
| Name of UoL member of staff acting as host |  |
| Reason for request | Please attach supporting personal and departmental statements |

*Personal details:*

| Title (Prof, Dr, Ms, etc) |  |
| --- | --- |
| First name2 |  |
| Last name2 |  |
| Professional body |  |
| Registration number |  |
| Date of birth |  |
| Gender |  |
| Nationality |  |
| UK right to work status(highlight as applicable) | EEA citizen | ILTR\*(Indefinite leave to remain) | Tier 2\* | Tier 4\* | Tier 5\* |
| \* Please attach a verified copy of the passport of the prospective honorary title holder. |
| Full home address |  |
| Email |  |
| Contact number3 |  |

*Substantive employer’s details:*

| Position held |  |
| --- | --- |
| Employer |  |
| Employer’s full address |  |
| Clinical specialty (if applicable) |  |

*Please indicate if any of the following will be required if the honorary title is awarded:*

| DBS (formerly CRB) or equivalent overseas clearance | Yes/No (delete as applicable) |
| --- | --- |
| Occupational Health clearance | Yes/No (delete as applicable) |
| NHS Research Governance | Yes/No (delete as applicable) |
| NHS Observer/Honorary Clinical Contract | Yes/No (delete as applicable) |

*Approval by Head of College/Department:*

| Name |  | Signature |  | Date |  |
| --- | --- | --- | --- | --- | --- |

1 details of the [titles available](https://www2.le.ac.uk/offices/hr/policies/cm/honorary-titles/copy_of_hon-titles#titles-available) can be found on the HR website, together with [further guidance](https://www2.le.ac.uk/offices/hr/policies/cm/honorary-titles) about honorary titles.

2 please provide both the legal and preferred (known as) names, if they are different.

3 this will be used to contact you for security validation in the event of any IT issues, including password reset requests.