**ACADEMIC VISITOR REQUEST FORM**

*Title details:*

|  |  |
| --- | --- |
| Department/Area |  |
| Period of visit: | 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 name[[1]](#footnote-1) |  |
| Last name |  |
| 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 visitor. |
| Full home address |  |
| Email |  |
| Contact number |  |

*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.*

|  |  |
| --- | --- |
| 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. please provide both the legal and preferred (known as) names, if they are different. [↑](#footnote-ref-1)