**APPLICATION FOR ACADEMIC VISITOR AGREEMENT**

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| In order to comply with regulatory requirements please provide the following information when applying for an academic visitor agreement or extension thereof.  This request must be submitted at least 8 weeks in advance of the intended visit. |  |

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| TITLE & NAME OF VISITOR |  | |
| SUPERVISOR/HOST  **(MUST BE AN EMPLOYEE OF NDCN)** |  | |
| **REASON FOR REQUEST**  **(Supervisor/host to provide justification as to why the visit is needed. Include information such as purpose of visit, duties to be undertaken by visitor, benefit for the Department and the role supervisor/host will have in facilitating the agreement)**  Please note: any gaps in information will cause a delay in processing time. |  | |
| TYPE OF RESEARCH | Collaborative Research  Own Research | |
| TERM OF APPOINTMENT (maximum 1 year, on the basis that the individual provides confirmation of employment or student status for the duration of the request) | NEW APPLICATION | RENEWAL |
| START DATE: | END DATE: |
| DIVISION RESPONSIBLE FOR SPONSORING VISITOR | WIN  NLO  DCN  CPSD  NDA  BNDU | |
| NAME OF THE PROJECT & NDCN GRANT CODE |  | |
| Will the supervisor/ host receive any financial support or stipend for the visitor from their existing University or organisation? | Yes  No | |
| If you selected YES for the previous question please provide additional details. |  | |
| STATUS | Undergraduate  Postgraduate  Employed Researcher | |
| SUBSTANTIVE EMPLOYER TYPE (Please select one and use the line underneath for the name of employer) | University  NHS  Other  Industry  Spinout Company  Student  …………………………………………………………………………… | |
| If you selected student to the previous question. | Does this research/study form part of their course?  YES  NO  University name:  Course name: | |
| PROVIDING DAY-TO-DAY GUIDANCE TO STAFF AND/OR DPHIL STUDENTS | YES  NO | |
| WILL VISITOR BE WORKING REMOTELY (i.e. not attending University of Oxford on a regular basis) | YES  NO | |
| If you selected NO to the previous question, please refer below:  SPACE REQUIRED WHILST IN THE DEPARTMENT  (**This needs to be organised internally by the hosting group**). **No new space allocations will be made for visitors.**  (If in person, a visitor hosting form will also be required) | YES  NO | |
| UNIVERSITY CARD REQUIRED (FOR UNIVERSITY BUILDING ACCESS & **EMAIL**)  **NOT ISSUED FOR VISITORS STAYING < 3 MONTHS** | YES  NO\* | |
| PREVIOUS CARD NUMBER (if applicable): | |
| \*If you selected NO to the previous question:  VIRTUAL ACCESS REQUIRED  (includes access to databases and prior SSO privileges – does not give Oxford email) | YES  NO | |
| Visitors requiring Hospital Access can obtain an NHS card after attending the appropriate Induction. By ticking this box you confirm that you only require an OUH NHS card | NHS Card Only | |
| HONORARY NHS CONTRACT REQUIRED | YES  NO | |
| PASSPORT COPY ATTACHED | YES | |
| CV COPY ATTACHED | YES | |
| CONFIRMATION OF CURRENT STUDENT / EMPLOYMENT STATUS ATTACHED | YES | |
| COUNTRY OF ORIGIN |  | |
| **OFFICE USE ONLY:**  VISA REQUIRED | YES  NO | |

*As supervisor/host, I can confirm that the above-mentioned applicant is an independent researcher, and that none of the commitments above will conflict with any obligations the applicant has to an employer or any other third party and that the applicant is working in the University on a voluntary basis. The following activities are being undertaken for training and/or collaboration and not filling employment or unpaid work.*

*As supervisor/host, I am aware of the following application and undertake full responsibility for the above-mentioned applicant during their stay with the University.*

**Signature of supervisor/host Date**

**Signature of applicant Date**

**Signature of HR representative** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**

**Signature of Head of Department Date**