**NDCN REGISTRATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | |
| **Title:** | **First name**  **(given name):** | | | **Surname**  **(family name):** | |
| **Gender:** | **Date of birth:** | | |  | |
| **Nationality:** | | | | **Home phone no:** | |
| **Home address (Oxford)**  **Postcode:** | | | | **Permanent address**  **Postcode:** | |
| **Mobile number:** | | | | **E-mail:** | |
| **Current status:** | **Visiting Student: Yes / No** | | | | |
| **Registered student at the University of Oxford: Yes / No** | | | | |
| **Course:** | | | | |
| **Institution:** | | | | |
| **Visiting Academic: Yes / No** | | | | |
| **Title:** | | | | |
| **Institution/Employer:** | | | | |
| **Emergency contact** | | | | | |
| **Next of kin surname (family name):** | | | **Next of kin first (given) name:** | | |
| **Relationship to you:** | | | **Next of kin phone number:** | | |
| **Next of kin address:**  **Postcode:** | | | | | |
| **Next of Kin Signature:** | | | **Date:** | | |
| **Departmental Information** | | | | | |
| **Purpose/details of visit** | |  | | | |
| **Supervisor:** | |  | | | |
| **Will you be carrying out any clinical duties?** | |  | | | |
| **NHS access required**  **(Please tick)** | | Kadoorie | | | NDA Office |
| West Wing – levels 3 / 5 / 6  (please circle as required) | | | Other:  (please state location) |
| **Start date:** | | | **End date:** | | |
| **Do you currently hold a University ID card? Yes / No If yes please give details below** | | | | | |
| **University Card number:** | | | **Card expiry date**: | | |
| **Do you currently hold an ORH ID card? Yes / No If yes please give details below** | | | | | |
| **ORH Card number:** | | | **Card expiry date**: | | |
| **Funding details**  **If applicable** | | | | | |

|  |  |
| --- | --- |
| **For Office Use Only** | |
| **Photo ID seen**  **(please state type)** |  |
| **CV seen/attached** |  |
| **ORH / OU card requested:** | **NHS / University access requested:** |
| **Training required** | **Safety:** |
| **Building induction:** |
| **Other** |

*Information entered on this form will be treated as personal and confidential, and processed in accordance with the Data Protection Act 1998.*