# Imperial CRF NewUsers Application Form & Checklist

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| * Complete Part 1 of application form and ensure that the Declarations section has been signed by your supervisor. |
| * Email signed application form and supporting documents to [imperial.icrfinduction@nhs.net](mailto:imperial.icrfinduction@nhs.net) to book your induction. |
| * **Bring printed copies of signed application form and supporting documents with you on the day of your induction.** |

**Part 1**

* **Applicant details**

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| **COMPLETE THE TABLE BELOW ELECTRONICALLY** | | | | | | *ICRF Use Only* (✓) |
| **Name** | | Click or tap here to enter text. | | | |  |
| **Email address** *(Trust or College)* | | Click or tap here to enter text. | | | |  |
| **Main employer** | | Choose an item. | | | |  |
| If other: Click or tap here to enter text. | | | |
| **College swipe card number** | | Click or tap here to enter text. | | | |  |
| **Imperial College Healthcare NHS Trust Contract**  *(Tick one; see User Guidelines & LtA/LoA section below for guidance)* | |  | Permanent Substantive Trust Contract | | |  |
|  | Permanent Trust Honorary Contract | | |
|  | Fixed term hon. contract | | Expiry: Enter date |
|  | Licence to Attend | | Expiry: Enter date |
|  | Letter of Access | | Expiry: Enter date |
| **Supervisor while in ICRF**  *(Not applicable for PIs)* | | Click or tap here to enter text. | | | |  |
| **Studies working on in ICRF**  *(use ICRF acronyms if known)* | | Click or tap here to enter text. | | | |  |
| **Role at ICRF** | | Choose an item. | | | |  |
| **Access hours in ICRF** | | Choose an item. | | | |  |
| **Proposed start date of work in ICRF** | | Click or tap to enter a date. | | | |  |
| **Expected finish date of work in ICRF** | | Click or tap to enter a date. | | | |  |
| **Life support training certificate supplied** | | Choose an item. | | | Expiry Date: Enter date |  |
| **EDI Monitoring Information:**  (Optional) | Gender: Choose an item.  Race: Choose an item.  If other, specify: Enter text. | | | Disability: Choose an item.  Religion / belief: Choose an item.  Year of birth: Enter year.  Sexual orientation: Select | |  |

* **SOP Reading**

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| **Read and acknowledge the relevant SOPs in EQMS prior to attending your induction.** *ICRF will send your log-in details upon receipt of this application form.* |

* **Competencies**

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| **Liaise with your study team and ICRF Lead Nurse if you require training for any ICRF Medical Devices and/or Point of Care Devices**  *Please note that ICHNT Medical Devices Training policy (section 4) states that handlers of medical devices are responsible for ‘not operating equipment on which they have not received training or skills updates, or do not feel competent’. Also, Point of Care test devices require users to have proof of training.* |

* **Trust Honorary Contract, Licence to Attend (LtA) or Letter of Access (LoA):**

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| **Trust Contract** | **Select** | **Expiry date:** |
| I hold a **permanent Honorary or Substantive** contract |  | N/A |
| I hold, or am applying for a **fixed term Licence to Attend or Honorary** Contract |  | Click or tap to enter a date. |
| I hold, or am applying for a **Letter of Access** (Research passport) |  | Click or tap to enter a date. |
| \*Refer to Trust Policy *Working at Imperial College Healthcare NHS Trust Under an Honorary Contract or Licence to Attend for Medical and Non-Medical Staff* and ICL *Research Passport SOP* for full details.  **Trust Policy**: <https://intranet.imperial.nhs.uk/Interact/Pages/Content/Document.aspx?id=3067&SearchId=29430153>  **ICL SOP**: <https://www.imperial.ac.uk/media/imperial-college/research-and-innovation/research-office/public/RGIT_SOP_034_Honorary_Research_Passport_v7.0_July2024-(1).pdf> | | |

* **Filing Room Access**

ICRF uses a code-locked filing room to keep source documents and other study documentation secure. Tick the relevant box below if you require access to this area. You must complete NHS compliant information governance training via the Trust or <https://www.e-lfh.org.uk/>

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|  | **Please tick:** |
| I **do not** require access to the filing room. |  |
| I require the access code for the ICRF filing room.   * I understand that participant information must be kept securely in the filing room and should not be left elsewhere in the CRF. * I confirm I have completed, or will complete NHS information governance training   Training for non-NHS staff: [https://portal.e-lfh.org.uk/Component/Details/443422](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fportal.e-lfh.org.uk%2FComponent%2FDetails%2F443422&data=05%7C02%7Cjacob.bonner%40nhs.net%7Ce6de7a42401c4da88f0608dcad86859c%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638576040513767539%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=fwKB5JPh8290RhoMBo%2BcqdIubdZX0OHrSE5Kc%2FH3a%2FI%3D&reserved=0) |  |

* **Declarations**

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|  | **Name** | **Signature** | **Date** |
| **Researcher**  I confirm the above is correct. I confirm I will read and acknowledge all relevant ICRF and study-specific SOPs before I start working in ICRF, plus any updates as they become available. | Click or tap here to enter text. |  | Click or tap to enter a date. |
| **Supervisor** (named on page 1)  I confirm the researcher is competent to work unsupervised in the ICRF OR I will be providing/arranging supervision.  Iconfirm that an appropriate Trust contract will be in place before work commences. | Click or tap here to enter text. |  | Click or tap to enter a date. |

Part 2: Checklist for Completion on Day of Orientation & Induction

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| Induction Topics | Trainer signature and date | Induction Topics | Trainer signature and date |
| **Reception and Admin** *(Reception)* |  | **Operational and Clinical** *(Nurses)* |  |
| Booking volunteers / rooms | Tour of ICRF |
| Participant check-in at reception | Introduction to teams and structure |
| ICRF opening times /ID card access times | Ward admission process |
| ICRF web site | Nurse in Charge |
| **Public Involvement and Engagement** |  | Infection control policy |
| PPI/E panel, Imperial Festival & more | ANTT Training |
| **Healthy Volunteer Studies** *(HV administrator / Recruitment manager)* |  | Use of staff lounge and main office including day storage drawers |
| ICRF Healthy Volunteer Database | Stock and linen |
| The Over-volunteering Protection System (TOPS) | Clinical Emergencies (Trolley, crash team dial 2222 and orange card) |
| **Patient Records** *(QAGM)* |  | Use of computers |
| Cerner and source worksheets | Diet kitchen, fridges, freezers |
| Filing Room | Staff kitchen including coat rack |
| **Health and Safety** *(QAGM)* |  | Waste Management |
| Emergency procedures (e.g. dial 4444) | Sluice room |
| Lone working | **Laboratory/Sample processing** *(Lab team)* |  |
| Fire procedures | Use of the laboratory (GCLP) |
| Security control and access | Sample tracking (LIMS) |
| Incident reporting systems | Biological hazards |
| **Quality and Governance** *(QAGM)* |  | Chemical hazards |
| Essential SOP reading | Personal Protective Equipment (PPE) |
| SOP & Form locations | Risk assessments & COSHH |
| Information governance | Use of the centrifuges |
| **APPROVAL FOR RESTRICTED ROOMS** | **Initials** | Fridges and freezers, T-scan |
| Clean Utility Room (nurse) |  | Use of MSC |
| G13A Gene Therapy Suite (lead nurse) |  |  |

Additional clinical area training (if applicable)

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| Date of training: |  |
| Summary of training: |  |
| Delivered by: |  |

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| **Post-induction Checklist (ICRF Staff Only)** | **Tick when complete** |
| Application form fully signed? |  |
| Signed & dated research CV provided? |  |
| Transcelerate accredited GCP certificate dated within 2yrs? |  |
| SOPs acknowledged on EQMS? |  |
| Trust contract provided and in date? |  |
| **When all above are completed:** | |
| Emailed security to give swipe-card access? |  |
| ICRF card-holder issued? |  |
| Induction form scanned / documents saved to shared drive? |  |
| Induction record uploaded to EQMS? (Data manager) |  |