# 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 off 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. | | |
| **Department** | Click or tap here to enter text. | | |  |
| **Work Telephone Number** | Click or tap here to enter text. | | |  |
| **College swipe card number**  *(6 digit number, not CID number)* | Click or tap here to enter text. | | |  |
| **Trust Contract**  *(Tick one; see User Guidelines & LtA/LoA section below for guidance)* |  | Permanent Substantive Trust Contract | |  |
|  | Permanent Trust Honorary Contract | |
|  | Fixed term contract | Expiry:Click or tap to enter a date. |
|  | Licence to Attend | Expiry: Click or tap to enter a date. |
|  | Letter of Access | Expiry: Click or tap to enter a date. |
| **Supervisor while in ICRF** | 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. | | |  |
| **Lone working approval**  *(ICRF General Manager must sign ICRF out of hours request log & section 4 of ICL form)*; [*http://www.imperial.ac.uk/safety/safety-by-topic/lone-working/*](http://www.imperial.ac.uk/safety/safety-by-topic/lone-working/) |  | Required; supplied with this application | |  |
|  | Not required | |
| **Proposed start date of work in ICRF** | Start Date: Click or tap to enter a date. | | |  |
| **Expected finish date of work in ICRF** | Finish Date: Click or tap to enter a date. | | |  |
| **Life support training certificate supplied** | Choose an item. | | Expiry Date: Click or tap to enter a date. |  |
| **GCP certificate supplied**  *(From transcelerate accredited provider & dated within 2yrs; GCP course bookings:* [*https://learn.nihr.ac.uk/*](https://learn.nihr.ac.uk/) *)* | Date: Click or tap to enter a date. | | |  |
| **Current CV supplied** *(Signed & dated within 2 yrs)* | Date: Click or tap to enter a date. | | |  |
| **ANTT hand hygiene certificate supplied?** *(Competency 1)* | Supplied  Required at induction | | |  |
| **ANTT aseptic procedure certificate supplied** *(Competency 2 and 3)* | Supplied  Required  Not required | | |  |

* **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 (see tables below).**  *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.* |

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| Common medical devices in ICRF | | |
| Philips MP50/VM4 cardiac monitors | ECG machines MAC ST1200/2000 | Alaris syringe pump |
| Welch-Allyn oral thermometers | Baxter volumetric pumps | Tanita body composition machine |

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| Point of Care Devices in ICRF | |
| Urine pregnancy test | Clinitek+ urine analyser |
| Urine Drug of Abuse test | Freestyle Precision Pro Blood Glucose machine |
| YSI blood glucose machine |  |

* **Licence to Attend (LtA) / Letter of Access (LoA) Assessment:**

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| **Assessment** | **Approval** | **Select** |
| **I hold an Honorary or Substantive contract with Imperial College Healthcare NHS Trust** | **None** |  |
| **My work in the ICRF will involve interacting with patients and staff in a way that has a direct bearing on quality of care**  *e.g. performing phlebotomy or other invasive procedures on trial patients which could lead to injury or infection; taking consent for an interventional study which will determine patients access to specific treatment; delivering treatment that forms part of the research study.* | **Licence To Attend**  *Issued by NHS Trust* |  |
| **My work in the ICRF will not have a direct impact on patient care**  *e.g. interviewing where information from the study will not feed into the patient’s care plan or decision-making in relation to the care of the patient. Undertaking a randomisation procedure; allocation of trial patients to a specific treatment; accessing patient data derived from health records with no direct bearing on the quality of care.* | **Letter Of Access**  *Issued by JCRO* |  |

* **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. | Click or tap here to enter text. |  | Click or tap to enter a date. |
| **Supervisor** (named on page 1)  *I* confirm the LtA/LoA assessment accurately and completely describes the scope of work in ICRF and that appropriate approval 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** |  | **Operational and Clinical** |  |
| Booking volunteers / rooms | Tour of ICRF |
| Participant check-in at reception | Introduction to teams and structure |
| Patient and Public Involvement (PPI) | Ward admission process |
| ICRF opening times /ID card access times | Nurse in Charge |
| ICRF web site | Infection control policy |
| ANTT Training / Assessment |
| Covid participant info & triage tool | Clinical Emergencies (Trolley, crash team dial 2222 and orange card) |
| **Healthy Volunteer Studies** |  |
| The Over-volunteering Protection System (TOPS) | Stock and linen |
| Sluice room |
| ICRF Healthy Volunteer Database | Use of staff lounge and main office including day storage drawers |
| **Patient Records** |  |
| Cerner and source worksheets | Use of computers |
| Filing Room | Diet kitchen, fridges, freezers |
| **Health and Safety** |  | Staff kitchen including coat rack |
| Emergency procedures (e.g. dial 4444) | Waste Management |
| Lone working | Laboratory/Sample processing |  |
| Fire procedures | Use of the laboratory (GCLP) |
| Security control and access | Sample tracking (LIMS) |
| Incident reporting systems | Biological hazards |
| **Quality and Governance** |  | 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 |
| G25 Laboratory (lab manager) |  | **Public Involvement and Engagement** |  |
| G13A Gene Therapy Suite (lead nurse) |  | PPI/E panel, Imperial Festival & more |

**Filing Room Access**

ICRF uses a code-locked filing room to keep source documents and other study documentation secure. Sign below if you require access to this area. By signing you confirm that you have completed NHS compliant information governance training via the Trust or <https://www.e-lfh.org.uk/>

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|  | **Signed** | **Dated** |
| 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. |  |  |