**REQUEST FOR ATTACHMENT**

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| **Details of attachment** | |
| Name of attachment: | |
| Supervisor/Manager of attachment: | |
| Institute/Department:  *Translational and Clinical Research Institute Member (TACRI)* | |
| Type of Attachment (please see guidance in Honorary Appointments and Attachments: Guidance and Procedures available on the Portal) | |
| Proposed start date: | Proposed end date:  (maximum of 3 years) |
| Please ensure you have attached the following: | |
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| * Completed Personal Details form   The person undertaking the attachment will need to visit HR with their original passport/right to work documentation before they can be set up with a University ID pass and IT access. | |
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| **Institute Director approval** |
| Signature: Date:  Name: |

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| **To be completed by Human Resources** | |
|  | Start date agreed |
|  | Appointment confirmed to Attachment |