**\* Please complete and return to** [**hr-research@eng.cam.ac.uk**](mailto:hr-research@eng.cam.ac.uk)**.**

**Any queries should be sent to** [**hr-research@eng.cam.ac.uk**](mailto:hr-research@eng.cam.ac.uk)**or telephone (7)48220 \***

**Please ensure you contact the IT Team** ([**helpdesk@eng.cam.ac.uk**](mailto:helpdesk@eng.cam.ac.uk)) **in good time to discuss hardware/software requirements for the new starter.**

**REQUEST TO APPOINT**

Please see the HR office (Research and Visitors) website for Guidance notes on recruitment processes:

<https://www.researchandfinance.eng.cam.ac.uk/research-staff-visitors/staff-recruitment>

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| --- | --- | --- | --- | --- | --- | --- |
| **Grant Holder/ PI** | | | |  | | |
| **Supervisor (if different) Must be an established academic** | | | |  | | |
| **Division** |  | **Research Group** |  | | | |
| **Part 1: Details of Person to be Appointed**  **IMPORTANT: Where Web Recruitment has not been used (ie named on a grant or through a fellowship), Part 1 must be completed by the appointee along with a CHRIS/6** | | | | | |
| **Title (e.g. Mr, Miss, Dr)** | | |  | | |
| **Forenames (exactly as appearing in passport)** | | |  | | |
| **Surname (exactly as appearing in passport)** | | |  | | |
| **Address to send the contract of employment:** | | |  | | |
| **Address current HOME if different from above:** | | |  | | |
| **Immigration Status**  Are you/they a settled worker (i.e. do you/they have the permanent right to work in the UK (for example as a British or EEA citizen)?  If no, do you/they already have temporary permission to work in the UK?  If yes, please specify your/their visa type and end date: | | | | | Yes / No  Yes / No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Are you/they currently employed by Cambridge University?**  If yes: at which Department? From what start date? | Yes / No |

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| **Are you/they registered as a research student at Cambridge University?**  **(For guidance on the employment of students,**  **please see the Board of Graduate Studies website)** | Yes / No  Submission date: | Are you/they a current undergraduate? | Yes / No |

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| **Have you/they ever had a Cambridge University email address?**  **If yes: what was the user ID?** | | | | | | | | |  | | | | | | | | |
| For more information about how we handle your personal information, and your rights under data protection legislation, please see: <https://www.information-compliance.admin.cam.ac.uk/data-protection/staff-data>  **Part 2: Details of Position to be Filled**  **These details must match those provided in the advert (or where Web Recruitment has not been used, it matches the grant)** | | | | | | | | | | | | | | | | |
| **Position Title Check one**   |  |  | | --- | --- | | Research Assistant (Grade 5)  Will they be promoted to Associate on receipt of PhD award: Yes / No |  | | Research Associate (Grade 7) |  | | Senior Research Associate (Grade 9) |  | | Other: please specify (e.g. Marie Curie Early Career Researcher): |  | | | | | | | | | | | | | | | | | |
| **Job Title (as it appeared in the advert)** | | | |  | | | | | | | | | | | | |
| [e.g. Research Associate in the Impact Properties of Textile Composites] | | | | | | | | | | | | |
| **Salary** | | | £ | | | | | | | **Spine point** | | | | | | |
| **Hours of work** | Full time? | Yes/No | | | or | Part time? | Yes/No | | | % f/t |  | Number of hours? | | |  | |
|  | | | | | | | | | | | | | | | | |
| **Intended location in the Department, as precise as possible, i.e. room / laboratory. Use new room numbers** | | | | | | | |  | | | | | | | | |
| **Network telephone number** | | | | | | | |  | | | | | | | | |
| **Date the position was advertised** | | | | | | | | dd/mm/yyyy | | | | | | | | |
| **Advert Ref Number** | | | | | | | | NM | | | | | | | |
| **Preferred start date** | | | | | | | | dd/mm/yyyy | | | | | | | |
| **End date / limit of tenure - must match advert** | | | | | | | | dd/mm/yyyy | | | | | **or months** |  | |

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| **Role description**  Please provide a comprehensive Role Description including a justification of the end date, based on the main body of the job advert. For project-based roles, focus on the deliverables; for skills-based roles, focus on the applications. |  | |
| **Will the individual’s research involve working with children or vulnerable adults?**  If Yes, please make this clear to the Research Office. | | Yes/No |
|  | |  |
| **Objective justification for fixed-term appointments**  *If the appointment is fixed-term please specify the reason for the fixed-term nature of the contract.*  *A detailed justification of why the post is fixed-term should have been given in the advert.* | | **Please cross one box** |
| 1. Where the availability of funding supporting the cost of the post is limited e.g. if the purpose of the appointment is to carry out work on a research grant or contract which is externally funded and the funds determine the expiry date of the contract OR to undertake a specific project within a specified timeframe | |  |
| 2. Other | |  |

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| --- | --- | --- | --- | --- | --- |
| **Please provide details on applicant and shortlist numbers for this vacancy :**   |  |  |  |  | | --- | --- | --- | --- | | Total number of applicants |  | Number of shortlisted applicants |  |   **Part 3: Supporting Documents**  **Checklist (IMPORTANT: upon requesting these documents, please ensure you follow and adhere to University guidelines on Applicant Data:** [**https://www.hr.admin.cam.ac.uk/hr-staff/hr-data/applicant-data**](https://www.hr.admin.cam.ac.uk/hr-staff/hr-data/applicant-data)**)** Format | |
| Applicant’s passport identity page. Unless a visa is needed, you must have verified the individual’s right to work in the UK. Please include copies of any residence permits. <https://www.hr.admin.cam.ac.uk/hr-services/immigration/right-work-checks/completing-check> | Electronic/Paper copy |
| Applicant’s Share Code (If they hold an existing visa in the UK) | Electronic/Paper copy |
| Applicant’s CV and CHRIS6 cover letter  (can be found on Web Recruitment OR where Web Recruitment has not been used, the appointee to complete manually: <https://www.hr.admin.cam.ac.uk/forms/chris6-cover-sheet-cvs>) | Electronic/Paper copy |
| References (minimum of two, three for SRA, PRA and DoR positions)  (See request guidance: <https://www.hr.admin.cam.ac.uk/recruitment/step-3-recruit-and-select/request-references>) | Electronic/Paper copy |
| Evidence of highest qualification (with translation where not in English) | Electronic/Paper copy |
| Interview notes (using an HR10 - <https://www.hr.admin.cam.ac.uk/forms/hr10-assessment-record>) – **for the selected applicant only**. | Electronic/Paper copy |
| HR4 Salary case: <https://www.hr.admin.cam.ac.uk/forms/hr4-starting-salary-case>  (only necessary when appointing above first 3 salary spine points) Grade 5 SP39 (if not post-submission) and upwards, Grade 7 SP44 and upwards and Grade 9 SP52 and upwards. | Electronic/Paper copy |
| Fellowship appointments (and where Web Recruitment has not been used), a copy of the grant sponsor documentation, showing the individual named (NB: an X5 will not suffice) | Electronic/Paper copy |

**Part 4a: Funding Details**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Account code: Grant details: | Sponsor | Grant Award | Project Number | Task Number | Grant  Start Date | Grant  End Date | % of charge allocation |
|  |  | RG | NMZ |  |  |  |  |
|  |  | RG | NMZ |  |  |  |  |
|  |  | RG | NMZ |  |  |  |  |
|  |  | RG | NMZ |  |  |  |  |
| General Ledger Account | CUED |  | JN |  |  |  |  |

**Part 4b: Financial Support for Visas:**

In line with the University’s new ‘Financial Support for Visas’ scheme coming into effect in October 2024, the department must now cover visa costs associated with new workers joining the Department on a **Skilled Worker Visa** or **Global Talent Visa. There is an expectation on the PI to cover costs of these visas spanning the employment period. Further details can be found here:** [Financial support for visas | Human Resources](https://www.hr.admin.cam.ac.uk/financial-support-visas), this was further communicated at the Department level in Head of Department’s email dated 05 December 2024.

The scheme has introduced the option of a virtual credit card to be offered to the new starter at the point of applying for their visa, to cover the upfront cost of the visa and its associated costs (where applicable). For this, we need to understand the following:

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| Please nominate a permissible funding source to cover the associated visa costs | General Ledger:  Grant: |
| Please confirm whether you are willing to cover costs for a priority/super-priority fast-track application (£500/£1000) | Y/N |

For further information on visa costs:

[Apply for the Global Talent visa : Overview - GOV.UK](https://www.gov.uk/global-talent)

[Skilled Worker visa: How much it costs - GOV.UK](https://www.gov.uk/skilled-worker-visa/how-much-it-costs)

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| **Finance Office Approval**  **[Please email** [**finance-office@eng.cam.ac.uk**](mailto:finance-office@eng.cam.ac.uk) **if the appointee is a registered CUED student]** | Date: | Signed: |
| FBO Approval for all SRA, PRA and DoR appointments  Head of Department to sign | Date: | Signed: |

**Part 5: Job Hazard Evaluation Form**

Please complete and return Appendix 1 (OHF29 - Job Hazard Evaluation Form) to the Research Office along with the other appointment paperwork.

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**OHF29**

**CONFIDENTIAL**

**Occupational Health**

**JOB HAZARD EVALUATION FORM**

This form should be completed by the **recruiting officer/supervisor** to identify if a health assessment in relation to work exposures is required.

**Data Protection information**

The information supplied on this questionnaire will be held in confidence by the University Occupational Health Service as part of the individual’s occupational health record.  For full details of how an individual’s personal information is used by the Occupational Health Service, please see <http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement>

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Mr / Mrs / Miss / Ms / Dr / Prof / Other | |
| First names: |  | Date of Birth: |  |
| Job title: |  | Start date: |  |
| Status: | Research staff | | |
| Mobile: |  | Email: |  |
| Department: |  | Recruiter/ supervisor: |  |
| Recruiter/ supervisor’s email : |  | Recruiter/ supervisor’s tel: |  |
| **Form completed by** |  | **Post title**: |  |

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| --- | --- | --- |
| **Please indicate whether this person’s job will involve work with any of the following:** | | **Further information** |
| 1. Animals, including farm animals, insects and birds   **If yes please indicate species below** | Yes  No | Include anyone who may have indirect contact, e.g., through location of office/laboratory in relation to the animal facility, include domestic (farm animals and birds). Enrolment on the Animal Allergy (AA) health surveillance programme will be necessary on commencement of employment |
| 1. Deliberate handling of pathogens or GMOs in containment level 3 facilities   **If yes please give name of the pathogen(s) & *forward copies of the risk assessment*** | Yes  No | If the person will be intentionally culturing or handling cultures of Hazard Group 3 pathogens or GMOs classified as class 3 projects on the basis of their risk to *human* health. ***An occupational health assessment is required prior to commencing this work*** |
| 1. Unscreened human tissue and /or blood | Yes  No | **If ‘yes’ please forward copies of documentary evidence of your hepatitis B immunisation vaccination records and blood test results (e.g. GP print out and/or vaccination record book)** |
| If a Research Passport is needed please contact your HR Adviser to initiate this process | | |
| **PLEASE TURN OVER TO COMPLETE FORM. FORM MAY BE RETURNED IF NEXT PAGE NOT COMPLETED** | | |

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| 1. Higher risk work with ionising radiation that requires formal Classification of the individual **as confirmed by a University Radiation Protection Adviser. Discuss with Departmental RPS in the first instance.** | Yes  No | Work with radioactive substances or radiation generators that is likely to result in the individual receiving, in any year, an ionising radiation dose three tenths that of any statutory radiation dose limit (6 mSv whole body dose, 150 mSv hand/skin dose). ***A medical assessment is required prior to commencing such higher risk classified radiation work.*** |
| 1. Respiratory/skin sensitisers e.g. solder flux, latex, isocyanates, wood dust, glues and resins. ***Please forward copies of the risk assessments associated with this work exposure*** | Yes  No | As identified through risk assessment. ***Please forward copies of the risk assessments associated with this work exposure*** |
| 1. Toxic metals e.g. lead, mercury, thallium - ***Please forward copies of the risk assessments associated with this work exposure*** | Yes  No | As identified through risk assessment. ***Please forward copies of the risk assessments associated with this work exposure*** |
| 1. Driving fork lift trucks | Yes  No | Use of mechanised **pallet trucks/fork lifts trucks** only. |
| 1. Regular exposure to noise at an action level that requires surveillance **as identified through noise measurement assessment undertaken by the Safety Office** | Yes  No | ***Please forward copies of the risk assessments and noise measurement assessments associated with this work exposure.*** |
| 1. Regular use of vibrating tools at an action level that requires surveillance **as identified through HAVS measurement assessment undertaken by the Safety Office** | Yes  No | ***Please forward copies of the risk assessments and HAVS measurement assessments associated with this work exposure*** |
| 1. Night work (between 2300 and 0600hrs inclusive) | Yes  No | Regular work of at least 3 hours during the night period 23:00hrs and 06:00hrs only - **not** working late in the evening |
| 1. Food handling | Yes  No | The person’s work involves the preparation of uncooked food, e.g. chefs, **not** the handling of wrapped food, e.g. sandwiches and biscuits. |
| 1. Other - *Please specify* | Yes  No | Answer ‘yes’ if the job requires a specific health assessment to meet the requirements of a joint employer or work placement or specific infection control measures. **Please forward copies of the risk assessments associated with this exposure.** |

**For occupational health use only**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_