Dear <name of individual>

Thank you for your application to undertake the Research Study entitled <state title of Research Study > within the Trust during the period <state dates> with <name of member of Trust staff> acting as Local Collaborator/Principal Investigator. Research Governance approval for your research was issued in a letter dated <date> and is subject to the conditions specified therein.

As you may come in contact with patients/clients, it is important that your health does not pose any risks either for yourself or the patients, clients and staff of the hospital.

I would therefore be grateful if you would consider if any of the following situations are relevant to you:

- If you are currently suffering from an infectious illness such as Chicken Pox, Measles or German measles (rubella), T.B., or a flu-like illness.
- If you have recently been in close contact with someone suffering from such an illness.
- If you have any illness or you are on any treatment that might take make you vulnerable to infection.

If you think any of these situations apply to you or you want other health advice relating to your placement please contact the Occupational Health Service on <telephone number> and ask to speak to an Occupational Health Professional. Your call will be dealt with confidentially.
Expectations while Undertaking Research Activities

Researchers should note the following expectations in relation to behaviour of researchers whilst on Trust premises / engaging with patients / clients:

- All persons engaged in research on the Trust's premises / with patients / clients under the care of the Trust are expected to be aware of and understand the general principles and policies of the Trust in relation to conduct in the workplace as this applies to researchers. In particular it is the policy of the Trust to ensure equality for all irrespective of any matter including:
  - Religious belief or political opinion
  - Gender, marital status or domestic responsibility
  - Sexual orientation
  - Race or ethnic origin
  - Disability
- All persons undertaking research within the Trust are required to provide the Trust's Research & Development office with a valid GCP training certificate as part of the essential documentation necessary to obtain Research Governance approval for the Research Study.
- The Trust reserves the right to terminate any research activity where researchers demonstrate behaviour which is not in keeping with the Trust's standards.

To facilitate your Research Study on the conditions set out above you are now required to complete the attached documentation and return this to the Trust's Research & Development Office in advance of your research commencing. Failure to do so will mean you cannot commence your Research Study.

If you have any queries regarding your forthcoming engagement on research please contact <local contact>.

Yours sincerely,

_____________________
<name of issuing officer>
Section 1: Personal Details

Name of Researcher:
_________________________________________________

Research Study Title:
_________________________________________________

Directorate within which research will take place:
__________________________________

Date (s) of Research :
From:       /       /       To:       /       /

Section 2: Confidentiality Agreement

I, _________________________________(Researcher) hereby acknowledge that in consideration of the <name of Trust > allowing me undertake the Research Study named above, that:

I acknowledge I will have access to Confidential Information, during the course of my placement. I, therefore, agree to accept the following restrictions;

- I shall not (except on the instructions of an authorised officer of the Trust), either during the placement or at any time after its termination (howsoever arising), use or disclose to any person, company or other organisation whatsoever (and shall use my best endeavours to prevent the publication or disclosure of) any Confidential Information.

- I understand this includes the prohibition of sharing any information obtained in the course of this placement in social networking communication.

This restriction does not apply to:
- any use or disclosure authorised by the Trust or required by law; or
- any information which is already in, or comes into, the public domain other than through my unauthorised disclosure.
For the purposes of this agreement Confidential Information is defined as information (whether or not recorded in documentary form, or stored on any magnetic or optical disk or memory) which is not in the public domain, not limited to but including (by way of illustration and without limitation), all patient medical records including scans and test results and all documentation relating to the running of the Trust and its finances.

Section 3: Good Clinical Practice Certificate (GCP)

I confirm that I have provided the Trust’s Research and Development Office with a valid GCP certificate as part of the Research Governance approval process for this Research Study.

Section 4: Research Intelligence and Intellectual Property

Intellectual Property (IP) is defined as the output of any intellectual activity (e.g. knowledge, design, a way of doing something, a technology, device or treatment) that is new or previously un-described.

I hereby agreed to adhere to the <Trust’s > Policy on Intellectual Property as detailed in the <Supporting Innovation in Health and Social Care in Northern Ireland, Innovation Policy >

Section 5: Trust Rules and Regulations

I hereby agree to conform to any rules or instructions issued by the <Trust > or any authorised officer of the Trust. Ethical behaviour in relation to standards and values is expected of all persons in Health and Social Care

Section 6: Indemnity Arrangements

Indemnity will be provided by

______________________________________________
AGREEMENT

I confirm that I have read and understand the statement above and agree to the conditions set out above.

NAME OF RESEARCHER:
______________________________________________

SIGNATURE:
______________________________________________

DATE OF SIGNING: / /

RESEARCH STUDY TITLE :
______________________________________________

RESEARCH AND DEVELOPMENT OFFICE CONTACT
___________________________________________

LOCAL COLLABORATOR
___________________________________________

You must sign this Agreement and return it to the Research & Development Office in advance of the commencement of your research activity.

RESEARCH & DEVELOPMENT DEPARTMENT REPRESENTATIVE

Please return fully completed and signed Research activity Agreements to:
<contact details in HR>