**Visitor Assessment form**

This form is to be completed by the invited visitor. Please provide as much information as possible on this form and attach any supporting documentation. Please complete all applicable sections.

**This form is required for completion by all visiting staff to ensure that they are provided with a legitimate invitation letter. Visitors will not get access to Aberystwyth University systems until this form has been processed and approved by the appropriate department(s).**

Please email this form to the member of staff within Aberystwyth University (AU) who sent it to you, depending on your route of entry, either the Admissions department or Human Resources will produce an invite letter for you.

If the visiting staff arrives without going through this process they will be unable to engage in any activities with Aberystwyth University.

This form is not for external examiners. For external examiners you will need to contact Anka Furlan in the Academic Registry anf@aber.ac.uk.

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| **Section 1: Contact information** |  |
| Your Name: |  |
| Date of Birth: |  |
| Home Address: |  |
| Email Address: |  |
| Contact Phone Number: |  |
| Gender: |  |
| Nationality: |  |
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| **Section 2: Visit details** |  |
| Purpose of the Visit:(Please provide as much detail as possible) |  |
| Start Date for Visit: |  |
| End Date for Visit: |  |
| Name of Aberystwyth University staff member that you have been in contact with: |  |
| Host AU Department/Faculty: |  |
| Please confirm your job title in your current organisation: |

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|   | Professor |
|   | Reader  |
|   | Senior Lecturer |
|   | Lecturer |
|   | Other |
|  | If other, please state job title below |
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| Do you need a visa for the visit? | Yes [ ]  No [ ] If Yes, please specify the visa category |
| Visa Category |  |
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| **Section 3: Academic Visitor - Research** |
|  | **Information required** | **Supporting Documents/****evidence required to be submitted with this form** |
| Will you be undertaking research which will benefit the University? For example, on an AU project. | Yes/No |  |
| Are you an academic member of staff on leave from an overseas academic institution making use of this leave to carry out personal research? | Yes / No |  |
| Are you currently employed as an academic in another institution? | Yes / No |  |
| If yes, what is the name of institution of employment: |  |  |
| What position do you hold (job title): |  | Will be evidenced in the above |
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| **Section 4: Academic Visitor – formal exchange** |
| Is the visitor an academic member of stafftaking part in formal exchange arrangements with UK counterparts? | Yes/NoIf No, go to section 6 |  |
| What is the name of their institution: |  |  |
| What position do they hold (job title): |  | Will be evidenced in the above |
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| **Section 5: Academic Visitor – other types of work** |
| Will the visitor be attending a one-off conference or meeting? | Yes/No |  |
| Will the visitor be speaking at a conference on a one-off, non-commercial basis? | Yes/No |  |
| Will the visitor be giving a lecture or series of lectures in their field of expertise? | Yes/No |  |
| Will the visitor receive one-off training in UKtechniques and work practices (not on the job training)? | Yes/No |  |
| Will the visitor be filling a current vacancy? | Yes/ NoIf yes, what is the post title:­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| **For completion by prospective visitor** |
| **DATE:**  |
| **SIGNED:** |

**For completion by AU staff member inviting the visitor**

***Before filling in this form, please read the following:*** [***https://www.aber.ac.uk/en/is/access/visitors/***](https://www.aber.ac.uk/en/is/access/visitors/)

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| **Section 6: Academic Visitor – funding** |
| Will the individual receive a salary from AU? | Yes/No |  |
| If yes, has a job description been provided and has it been evaluated? | Yes/No | If yes, please provide a job description to HR |
| Will the individual receive expenses from AU? | Yes/No |  |
| Will they be receiving funding from an external sponsor/organisation? | Yes/No | If yes, please provide evidence of funding |
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| **Section that this access request falls under** |  |
| Ordinance 24 – Honorary or Visiting Academic |  |
| Academic Visiting Staff |  |
| Agency Staff |  |
| External Examiner |  |
| Auditor |  |
| Visiting Students |  |
| Other |  |
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| **For completion by member of staff who is inviting the visitor** |
| **DATE:**  |
| **SIGNED:** |

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| **FOR ABERYSTWYTH UNIVERSITY FACULTY MANAGER (OR NOMINATED PERSON) USE ONLY** |
|  |  |
| **FACULTY MANAGER ACTION TAKEN:** |  |
| **DATE:** |  |
| **SIGNED:** |  |

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| **FOR HUMAN RESOURCES USE ONLY** |
|  |  |
| **ACTION TAKEN:** |  |
| **DATE:** |  |
| **SIGNED:** |  |