School of Mathematical and Physical Sciences Informal Visitor Request Form



This form should be completed for any visitor to the School who is not otherwise registered as staff or student. This form can also be used to gain ITS access for remote collaboration. The form should be approved at least **3 weeks** before arrival. Any visitors for whom a form is not received may not be covered by the University insurance policies.

This form should not be used for visitors who are formally appointed through the Personnel Division. A request for a formal appointment with visiting status should be made using the honorary title request process at http://www.sussex.ac.uk/mps/internal/staff/visitorpolicy.

Parts A, B, and C should be completed by the member of staff hosting the visitor, then the form should be passed to the School Administrator via the School Office.

Part A

Is the proposed visitor a student?	YES / NO		
Does the visitor require a visa to work study or enter the UK?	YES / NO		
Are there any financial or resource implications (beyond space) to the visit?	YES / NO		
Are you intending to pay the visitor for work they do during their visit?	YES / NO		
If you answer yes to any of the above, please contact School Administrator before completing this form			

Name of the Visitor	Delete as appropriate: Mr / Mrs / Ms / Miss / Dr / Prof
Position	
Address of "Home" Institution if relevant	
Email Address	
Description of Visitor Activity e.g.: Remote access to ITS only Retention of email address only Short term academic visit Other, please detail	
Expected Start Date of visitor status	
Expected Finish Date of visitor status	
Collaborator/Supervisor	

Please detail start and end dates of all physical visits to Sussex campus			
Will they require IT access? If yes p detail which systems.	lease		
Will they require office or lab Space yea please note spacealready Identi			
Part B			
I have, or will, make the visitor aware of the Safety Regulations and General information		Initial:	
I confirm that project risk assessments have been, or will be undertaken for the work the visitor will be involved with during their visit to Sussex			Initial:
I confirm that any training on specialist activities will be given and documented before the activity commences (e.g. Laser Safety)			Initial:
Approvals In most cases the School Administrator	approves visitor	requests. If there are resource implications	you may be asked
to get additional signatures from the He	• •	•	,
Please always get approval from the So	chool Administrat	or in the first instance.	
Collaborator/Supervisor - I confirm the named visitor.	that the above ir	nformation is accurate and take full responsi	ibility for hosting
	Signed:	Date:	
School Administrator approval	Signed:	Date:	
School Administrator to agree Be	ench Fee Waive	er: Yes / No	
Additional Approvals as required:			
Head of Department approval	Signed:	Date:	
Head of School approval	Signed:	Date:	

Head of School to agree Bench Fee Waiver: Yes / No