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Consent form – Honorary contract update authorisation

Please release details as requested to GOSH for the purpose of updating the information held regarding my honorary contact with the Trust.

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| --- | --- |
| **Applicant details:** | |
| Applicant Name: |  |
| Professional Registration Type (e.g. GMC, HCPC): |  |
| Professional Registration Number: |  |
| Name of current employer and job title: |  |
| I give permission for my employment details to be disclosed to GOSH for the purpose of an honorary contract to be issued.  Signature: |  |
| Date: |  |

|  |  |
| --- | --- |
| **Human Resources contact at current employment:** | |
| Employer name: |  |
| HR Officer’s Name: |  |
| HR Officer’s Email: |  |
| HR Officer’s Telephone: |  |

This information will only be used by GOSH in updating the records held for the above name’s Honorary Contract. Information will be stored securely in line with Great Ormond Street Hospital for Children’s NHS Foundation Trust’s Information Governance policies.