# Clinical / Academic Home Agreement

# Nurses, Midwives, Allied Health & Pharmacy Professionals

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  |  | **Contact Details** |  |
| **Substantive Role** |  | **Employing Institution** |  |
| **Clinical / Academic Home Role** |  | **Host Institution** |  |
| **Clinical / Academic Home Setting** |  | **Indicative commitment (WTE)** |  |
| **Start Date****(Honorary Contract)** |  | **End Date (Honorary Contract)** |  |
| **CV** | Up to date CV should be submitted with this document |
| **Focus of Role (Pillars of Practice)** | **Clinical Practice[[1]](#footnote-1)** | **Education/ Learning** | **Leadership** | **Evidence, Research & Development** |
| **Career Framework for Health Level** | **5** | **6** | **7** | **8** | **9** |
| **Role Title** |  |
| **Purpose of Role** |  |
| **Key Objectives**  |  |
| **Host Institution Support: Mentorship & Reporting Arrangements** | **Name(s), Role & Contact Details** |
| **Mentor:** |
| **Other Key Supports:** |
| **Reporting to:** |
| **Induction Arrangements**  |  |
| **Review Dates** | **6 months** | **Annual**  |  |
| **Authorisation** |
| **Role Holder** | I give my permission for my personal details about this role to be shared outside my organisation *Please circle and sign*Yes No | **Date** |
| **Host Institution Reporting Lead** |  | **Date** |
| **Host Institution Clinical Academic Homes Professional Lead** |  | **Date** |
| **Substantive Employer Line Manager**  |  | **Date** |
| **Substantive Employer** **Clinical Academic Homes Professional Lead** |  | **Date** |

1. Role should link to appropriate NHS job description relevant to professional and indicative of the level and scope of practice. Induction details should be commensurate with the agreed clinical role. [↑](#footnote-ref-1)