**Visitor Record**

This document must be completed on arrival by all individuals who are visiting the Trust in any professional capacity. It must also be completed on their departure. An appropriate visitor’s identification badge must be provided to the visitor and returned on departure, or at the end of the day. A new badge will be issued each day.

**To be completed by the visitor:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Name** | **Organisation**  | **Who are you visiting?** | **Badge No Issued**  | **Accompanied visit** | **Time of****Arrival** | **Time of Departure** |
|  |  |  |  |  | Yes □ No □ |  |  |

**IN ADDITION, PLEASE READ AND SIGN THE STATEMENT OVERLEAF.**

**Administrative Verification: (completed by Trust staff)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **Ext No** | **Have you verified the identity of the visitor?** | **Means of verification** | **Badge issued** |
|  |  |  | Yes □ No □ If no, why?­­­­­­­­­­­­­­­­­­­­­­­­ | Tel No □ \_\_\_\_\_\_\_\_\_\_\_\_\_ Email □ \_\_\_\_\_\_\_\_Other □ Please Specify below | Yes □No □ If no, why?­­­­­­­­­­­­­­­­­­­­­­­­ |

**Signature of member of staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Badge Returned Confirmation: (completed by Trust staff)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **Ext No** | **Badge Returned by whom** | **Date & Time Badge Returned** | **Signed as received by member of staff** |
|  |  |  |  |   | ­­­­­­­­­­­­­­­­­­­­­­­­ |

# Trust confidentiality, data protection and information security statement

**NON SFT STAFF ONLY**

**(e.g. volunteers, contractors, visitors, governors, researchers, etc.)**

* You are required to keep confidential any information regarding patients, staff, Information Technology Systems and all corporate business activities, of the Trust. In particular, telephone conversations and electronic communications should be conducted in a confidential and secure manner.
* Confidential, personal and/or sensitive information must not be disclosed to unauthorised parties without prior authorisation from appropriate senior Trust Management. You must not process any personal information in contravention of the Data Protection Act 2018.
* You are responsible for ensuring that all information is stored, used, transported and accessed appropriately and that security levels are maintained at all times in accordance with the Trust’s [Information Governance policies and procedures.](http://ig/policies-procedures-and-guidance/)
* You confirm that you are aware that you must not use Social Networking Sites, or similar media to discuss any aspect of your involvement with the Trust, or to give an opinion about patients, staff, or this organisation. e.g. Facebook, YouTube, Twitter, etc.

*Any breaches of these requirements may be regarded as grounds for termination of any relationship you have with the Trust*

**Declaration**

I understand that during the course of my involvement with Salisbury NHS Foundation Trust, I may come in to contact with information of a confidential nature concerning patients, staff or Trust business. I undertake not to disclose or discuss any such information, including that which concerns the Trust, its staff and current, former or prospective patients.

I have received and read a copy of the Trust’s leaflet: [‘Information Governance Staff Handbook’](http://ig/policies-procedures-and-guidance/).

I agree that Salisbury NHS Foundation Trust may record for management purposes, any network activity including my access to clinical and non-clinical records, my use of emails and internet addresses of any site that I may visit. I confirm that I have read and agree with the content of the [Trust’s Confidentiality & Data Protection Privacy Notice](http://www.salisbury.nhs.uk/InformationForPatients/Pages/YourInformation.aspx).

I am aware that my use of IT, equipment, devices and the Intranet is monitored at all times for the purpose of security, confidentiality and appropriate use.

I am aware that any violation could lead to termination of any relationship between myself and the Trust and/or criminal prosecution.

I am aware that any violation could lead to disciplinary action by the Trust and/or criminal prosecution. I understand that it is my responsibility to familiarise myself with the content of all Trust policies and procedures relevant to my role.

Full details of all Trust policies and guidance relating to this subject are available via the Trust’s [Intranet](http://intranet/Website/Staff/policies/index.asp), or by contacting the Information Governance department on ext. 5861, 5716 or 5921.

|  |  |
| --- | --- |
| Full name in block capitals:  | ………………………………………………………………………………… |
| Signature: | ………………………………………………………………………………… |
| Date:  | …………………… | Email Address:  | …………………………………………… |
| Line Manager’s Name:  | ……………………………… | Department:  | ………………………… |

This document must be signed, dated and retained by the Trust.