**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** | **Departure** |
|  |  |  |  |  | Yes □ No □ |  |  |

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **Extension No** | **Have you verified the identity of the visitor?** | **Means of verification** | **Badge issued** |
|  |  |  | Yes □  No □ If no, why?  ­­­­­­­­­­­­­­­­­­­­­­­­ | Phone 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** | **Extension No** | **Badge Returned by whom** | **Date & Time Badge Returned** | **Signed as received by member of staff** |
|  |  |  |  |  | ­­­­­­­­­­­­­­­­­­­­­­­­ |

**Trust Confidentiality, Data Protection and Information Security Statement**

**FOR NON STAFF ONLY (such as 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. Staff must not process any personal information in contravention of the Data Protection Act 1998.
* 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 Risk & Security and Acceptable Use of Information Policies.
* 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, or the organisation you represent, 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, ‘Guidance for Staff, Volunteers and Contractors Handling Personal Information’.

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

Full details of the all Trust policies and guidance relating to this subject are available via the Trust’s Intranet, or by contacting the Information Governance department on 01722 336262 Ext 2816.

Signature ............................................ Organisation/Company ............................................

Full Name in block capitals ............................................ Contact telephone Number ............................................

Date ............................................

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