|  |
| --- |
| **Patient Safety Partner (PSP)** ***Expressions of Interest Form*** |
| **Personal Information**The information contained in this form will be for the use of recruiting into the role of Patient Safety Partners only. |
| **Name** |  |
| **Preferred Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Email Address** |  |
| **Preferred contact method** |  |
| **Experience and Availability** |
| What time would you be able to commit to PSP involvement? *i.e., hours per day, week, month* |  |
| Tell us briefly about any relevant experience in paid employment or as a volunteer.i*.e. organisation, roles* |  |
| **Skills/Qualifications** |
| Please tell us about any skills or qualifications you feel are relevant to the PSP role in which you are interested. *e.g. communication skills, organisational skills, analytical skills, IT, etc* |  |
| **What link do you have to South West Yorkshire NHS Trust?** *ie patient, relative of patient, carer, etc* |
|  |
| **Motivation for becoming a PSP** |
| What has made you decide to apply to become a PSP and what would you hope to get out of this role? |  |
| **Referees**Please give the names and addresses of two people who you have known for at least 12 months and are not family members; we will contact them before appointment. |
| **Referee 1:** |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Email Address |  |
| How do you know this person? |  |
| **Referee 2:** |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Email Address |  |
| How do you know this person? |  |
| **Disclosure and barring**We ask everyone who works with vulnerable people in a voluntary capacity to disclose all convictions, including spent ones. This requirement is covered by the exemption order of 1975 relating to sections 4(2) and 4(3b) of the Rehabilitation of Offenders Act 1974.Please note, a criminal record will not necessarily prevent you from working with us; however, we reserve the right to conduct checks as necessary with the Disclosure and Barring Service (DBS). |
| Do you have any criminal convictions/cautions?  | Yes/No |
| If yes, please give details in a separate letter and send this with your application form in an envelope marked ‘Confidential’. |
| **Data protection**The information provided on this application form will remain private and confidential and will be used for the purpose of selection. We may wish to process this information for administration, and this will be done in accordance with the provisions of the Data Protection Acts 1984 and 1998.We may approach third parties such as your referees to verify the information that you have given. By signing this form, you are giving consent to all these uses. |

|  |
| --- |
| **Eligibility to work as a Patient Safety Partner**Individuals from outside the UK who work as a PSP with us are recommended to check their visa/entry clearance conditions before applying, to make sure they are allowed to do voluntary/unsalaried work. |
| **Declaration** |
| • The information given in this application is to the best of my knowledge true.• I confirm I have read and understood the information above. |
| **Signature of applicant** |  |
| **Date** |  |
|  |  |
| **Please return your completed form either by email or post to:** |
| **Email** |  |
| **Subject** |  |
| **Name of contact** |  |
| **Address** |  |
| **Please mark your envelope ‘Private and confidential’.** |
|  |
| **Please note, if you would like this application printed, or in larger print please contact Chloe Dexter on 07392287482** |

