University Hospitals of Leicester NHS Trust

Patient Safety Partner (PSP) application 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 University Hospitals of Leicester NHS Trust? i.e. 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'.*
General Data Protection Regulation (GDPR) 2018 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 GDPR and Data Protection Acts. 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 PSP 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	Claire.e.rudkin@uhl-tr.nhs.uk **or** Reena.karavadra@uhl-tr.nhs.uk
Subject	Patient Safety Partner Application
Name of contact	Claire Rudkin **or** Reena Karavadra
Address	The Firs, Glenfield Hospital, Groby Road, Leicester, LE3 9QP.
Please mark your envelope 'Private and confidential'	

Please note, if you would like this application printed, or in larger print please contact the above named contacts.