# Appendix 7: Patient safety partner (PSP) application form

**PSP information**

The information contained in this form will be for the use of   
…………………………………………………….................................................... only.

Personal details

Name: .....................................................................................................................................

Address: .....................................................................................................................................

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.................................................................................. Postcode: .................................

Telephone number: ..................................

Mobile number:..........................................

Email address: .....................................................................................................................................

Do you have any medical conditions which may affect how you undertake this role?

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Do you take any medication: Yes/No If yes: please state ....................................

**PSP experience and availability**

Position applied for: ...................................................................................................................................

What time would you be able to commit to PSP involvement? ie hours per day, week, month

(For discussion when we meet)

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Tell us briefly about any relevant experience in paid employment or as a volunteer, ie organisation, roles.

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**Skills/qualifications**

Please tell us about any skills or qualifications you feel are relevant to the PSP role in which you are interested (eg communication skills, organisational skills, analytical skills, IT, etc).

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**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?

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**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.

Name: ............................................

Address: ........................................

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Postcode: ......................................

Tel no: ...........................................

Email address: ...............................

How do you know this person?

………………………………………

Name: ............................................

Address: ........................................

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Postcode: ......................................

Tel no: ...........................................

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.

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’.

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).

**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 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 statements made by me in this application are 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 to:

Name of contact: ..............................................................................

Address: ...................................................................................

Please mark your envelope ‘Private and confidential’.