# Speaking Up Support Scheme application form

## Support to move forward after a speaking up process

This form should be read in conjunction with the [Speaking Up Support Scheme guidance](https://www.england.nhs.uk/publication/speaking-up-support-scheme/). The application process consists of:

* Completion of this application form against the eligibility criteria (appendix A)
* Completion of consent form (appendix B)
* Completion of the equalities monitoring form (appendix C)

Sign and return all forms with any supporting evidence [england.speakingupscheme@nhs.net](mailto:england.speakingupscheme@nhs.net) by **30 June 2023**.

## Section 1: Personal details

We require this information\* in order to contact you about your application. If your application does go through to the informal interview stage, panel members will only see information that will allow them to assess your eligibility for the scheme so personal details will be removed.

|  |  |
| --- | --- |
| Title |  |
| Surname/family name\* |  |
| First name\* |  |
| Middle name |  |
| Email address\* |  |
| Preferred contact telephone/mobile number\* |  |

There us more information about how your information will be stored in [section 5 of the guide to this scheme](https://www.england.nhs.uk/publication/speaking-up-support-scheme/).

|  |  |
| --- | --- |
| Are you currently employed by the NHS | Yes  No |
| If yes, please provide the name of the organisation |  |
| Have you been recommended to the scheme by your organisation | Yes  No |
| For past NHS workers, can you confirm that you have worked for the NHS within the last three years | Yes  No |
| Name of the organisation you are/were working for when you raised a concern |  |
| Job title |  |
| Pay band/grade |  |
| Please indicate your professional group | Allied Health Professionals  Dental  Medical  Nurse  Midwife  HCA  Corporate Services  Admin  Other please state……………………. |
| Please indicate which of the following sectors you were/are working in | Primary  Secondary  ICS Please state………………………  Other please state……………………… |
| Please indicate which region you are/were working for when you raised a concern | East of England  London  Midlands  North East & Yorkshire  North West  South East  South West |

## Section 2: Personal statement

|  |  |
| --- | --- |
| 1. Have you been through formal processes of raising concerns in the NHS that potentially impacted on safety, posed a risk, or presented as malpractice or wrongdoing and suffered significant adverse impact as a result. | Yes ☐ No ☐ |
| 1. Can you provide evidence of the above (see [the guide](https://www.england.nhs.uk/publication/speaking-up-support-scheme/) for types of evidence you could include).   Please list evidence you have provided below. | Yes ☐ No ☐ |
| 1. Have you made reasonable attempts to resolve matters within your organisation/place of work. (You will need to provide evidence that you have made reasonable attempts to resolve matters see [the guide](https://www.england.nhs.uk/publication/speaking-up-support-scheme/) for types of evidence you could include)   Please list evidence provided below. | Yes ☐ No ☐ |

|  |
| --- |
| 1. Describe in **no more than 500 words** how you believe this scheme will benefit you to move on personally and professionally? |
|  |

1. Please list any support you accessed within the NHS before during or after your formal raising concern process:

☐ Freedom to speak up guardian

☐ Human resources colleague

☐ Trade union representative

☐ Health and wellbeing guardian

☐ Professional midwifery advocate

☐ Professional nurse advocate

☐ Occupational health internal services

☐ Occupational health external services

1. Please can you tell us how you heard about this scheme by ticking one of the below boxes

|  |  |
| --- | --- |
| NHS England website |  |
| Social media |  |
| Word of mouth |  |
| Trade union |  |
| NHS organisation |  |
| Other (please specify) |  |

## Section 3: Declaration

**The information in this form and attachments is true, accurate and complete.**

I agree that any deliberate omission, falsification, or misrepresentation in the application form will be grounds for rejecting this application or for removing me from the scheme.

I understand that by completing this application form and participating in the support scheme some personal data will be processed by external providers contracted to supply coaching services, personal development, and psychology services.

Please note: The support scheme may seek verification of the details on this application form from your current/previous employer and/or any organisation to which you have raised concerns and been adversely affected, we will contact you first should this be required.

I agree to the above declaration (by completing the box you are giving an electronic signature)

|  |  |
| --- | --- |
| Name/Signature |  |
| Date |  |

Please submit your application form, consent form, equalities form and supporting evidence to [england.speakingupscheme@nhs.net](mailto:england.speakingupscheme@nhs.net) by **30 June 2023**.

Should you need these documents in a different format or if we need to make any reasonable adjustments for you in order to submit your application or if you are unable to submit your form electronically, please email [england.speakingupscheme@nhs.net](mailto:england.speakingupscheme@nhs.net).

Appendix A: Eligibility Criteria for the Speak Up Support Scheme

**Due to the over subscription of this scheme, applications will be scored against the following criteria:**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Types of Evidence** | **Essential**  **Desirable** |
| Has been through formal processes of raising concerns in the NHS which potentially impacted on safety, posed a risk or presented as malpractice or wrongdoing and suffered significant adverse impact as a result | Additional evidence from one of the following:   * staff network chair * trade union representative * chaplain/or other religions * work colleague * freedom to speak up guardian * GP notes * occupational health report * other suitable evidence. | Essential |
| Made reasonable attempts to work with their organisation to resolve matters at the time | * statement from the employer, or * statement from the freedom to speak up guardian/human resources * evidence mediation has been attempted * any other suitable evidence. | Essential |
| Can demonstrate how the scheme will benefit them to move on personally and professionally | Answer to question 4 of the application form to include:   * how the scheme will benefit the applicant to move forward and what aspects of the scheme will support any future goals. | Essential |
| Open to participate in all the scheme aspects | * signed consent form * initial health and wellbeing assessment * attend group sessions, one-to-one sessions and learning and development * reflect and share learning * take part in evaluation of programme. | Essential |
| Is a past or present NHS worker | Past and present NHS workers to provide the details of NHS organisation worked/working for and position held.  Organisation recommends that you take part in the scheme.  A past NHS worker is someone who has previously worked for the NHS within the last three years. | Essential  Desirable  Essential |
| Must not have taken part in any previous related NHS Whistleblowing Support Schemes including the pilot scheme |  | Essential |