# Patient safety partner (PSP) expression of interest form

### Express your interest in a patient safety partner role in the NHS England national Patient Safety team and/or NHS England’s regional teams

**Guidance notes**

Please read the expression of interest information pack before completing this form, to ensure you fully understand the process, and to decide whether you have the skills, experience and time to become a PSP.

Please note that you cannot apply for these roles if you work for NHS England.

You can either apply yourself, or on behalf of another person (with their agreement), for example, if you are in an advocacy role, or a support worker for someone with a disability. If you have any questions about this form please contact: Allan Burge, Patient safety policy lead at allan.burge@nhs.net or 07876 851857 orHester Wain, Head of patient safety policy at hester.wain@nhs.net or 07941980914.

Please note the closing date for expressions of interest is **21 November 2024.**

Please complete and return this form (or an audio version) to: [patientsafety.enquiries@nhs.net](patientsafety.enquiries%40nhs.net).

Please also complete a [Diversity Monitoring Form](https://forms.office.com/e/RHGXVdtruc).

Please select the PSP role/s you are interested in (you can choose multiple teams) and submit **one** expression of interest form. This will be reviewed by the appropriate teams.

[ ]  **National Patient Safety team**

[ ]  **East of England region**

[ ]  **London region**

[ ]  **North East and Yorkshire region**

[ ]  **North West region**

[ ]  **South East region**

**About you**

|  |
| --- |
| **Full name:**   |
| **Preferred pronouns:** |
| **Preferred name:**   |
| **Are you aged 18 or over?** Yes / No (please delete as appropriate)   |
| **Address:**  |
| **Postcode:**   |
| **Contact telephone number:**    |
| **Email address:**    |
| **All correspondence will usually be by email. If this is not okay, please tell us your preferred method of communication:** |
| **Are you able to use a telephone, email, and the internet to communicate and take part in meetings?**  **Telephone** Yes / No (delete as applicable). **Email** Yes / No (delete as applicable). **internet** Yes / No (delete as applicable). *Please note: If you do not have access to this equipment, we can help PSPs to access computer equipment and devices to help them undertake this role.*  |
| **How did you find out about this role?** ​​☐​ Other NHS England newsletter ​​☐​ NHS England website ​​☐​​ Social media ​​☐​ Word of mouth ☐​ Community organisation (please tell us):​​☐​ Other, please tell us:   |
| **Are you able to commit to the time commitment outlined in the information pack (a minimum of a half day per month)?**  Yes / No (delete as applicable).  **If you replied ‘No’, please tell us why?** e.g Is this because of a health issue, or other commitments such as caring responsibilities:    |
| **Have you previously held a Patient Safety Partner role in the NHS?** If yes, please state the organisation and the number of years:  |
| **According to the definition of disability (see below) do you consider yourself to have a disability?**Yes / No / Prefer not to say (delete as applicable).  *If an applicant has a disability covered by the definition outlined within the* [*Equality Act 2010*](https://www.gov.uk/guidance/equality-act-2010-guidance) *and can show that they meet the ‘essential criteria’ described in the specification for the role being applied for, they are guaranteed a priority interview for the role for which they are applying, through the*[***Disability Confident scheme***](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fcollections%2Fdisability-confident-campaign&data=05%7C02%7Cbeth.grange%40nhs.net%7C7f850aadd04d493b67e808dc27e9fdb7%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638429133131063257%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Exh%2BA%2B0jzEkqcfb1SLQWKZpKoUNoYgUM2h3TMhQTnjU%3D&reserved=0)*(formerly known as the Guaranteed Interview Scheme).* *Please note: In certain recruitment situations such as high-volume, disabled candidates who best meet the essential criteria will be interviewed rather than all of those that meet the essential criteria.* |
| If you have a disability, do you wish to be considered under the Guaranteed Interview Scheme, if you have most of the knowledge, skills and experience as specified in the expression of interest information pack?Yes / No /Not applicable (delete as applicable).  |
| Do you have any additional needs or require additional support or adjustments to enable you to participate in a discussion? Yes / No (delete as applicable). If yes please explain further: |

**Skills and experience**

You should refer to information provided in the [information pack](https://www.england.nhs.uk/long-read/expression-of-interest-information-pack-for-patient-safety-partners-with-nhs-englands-national-patient-safety-team-and-regional-teams/)before completing this section. (If you would like this form in another format please let us know by contacting [patientsafety.enquiries@nhs.net](https://nhsengland.sharepoint.com/sites/MED/ps2/pst/OpenLib/Patient%20Safety%20Partners/Recruitment/2024%20PSP%20recruitment/2024%20recruitment%20task%20and%20finish%20group/patientsafety.enquiries%40nhs.net))**.**

* + - * 1. Why would you like to apply for this role? Why are you are interested in patient safety? (we suggest you do this in about 200 words below).
				2. Tell us about any health and care organisations or networks that you have an interest in or are a part of (we suggest you do this in about 200 words below).
				3. Please tell us about your experience of involvement as a patient, service user, carer, or as a volunteer (we suggest you do this in about 150 words below).
				4. Please tell us how you will bring a range of different views to this role, beyond your own experiences (we suggest you do this in about 150 words below).
				5. Please tell us about any other experience or skills you have which would support your expression of interest. You should refer to the “Role specific information” ' section of the information pack (we suggest you do this in about 150 words below).

**References**

Please provide us with two references. Your referee should be someone who can **comment on your suitability to undertake the role**, your experience/skills related to the role, OR someone who knows you and can comment on your interest in patient safety. Your referee should have known you for at least 2 years.

If you do not have an employment referee, you are welcome to provide details of a friend, your GP, or a community member for both of your referees.

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| **Reference 1** * Name:
* Job title (if relevant):
* Address:
* Telephone number:
* Email:
* How you know them:
* How long you have known them:
 |
| **Reference 2** * Name:
* Job title (if relevant):
* Address:
* Telephone number:
* Email:
* How you know them:
* How long you have known them:
 |

**Thank you for your interest.**

Please return this completed form to: patientsafety.enquiries@nhs.net

Please also complete a [Diversity Monitoring Form](https://forms.office.com/e/RHGXVdtruc).The diversity information does not form part of your expression of interest (and is completely separate to it), though helps us check whether our recruitment is reaching a wide range of people.