

VOLUNTEERING

OPPORTUNITIES

**Patient Safety Partner Application**

If you are unable to complete the application form or you require a different format, please get in contact

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**The Dudley Group NHS Foundation Trust, Russells Hall Hospital,**

**Pensnett Road, Dudley, West Midlands, DY1 2HQ**

**Tel: 01384 456111 ext 1004. Email: Kristina.murphy2@nhs.net**

**Patient Safety Specialist – Governance Team**

**Patient Safety Partner Key Characteristics:**

* Share the Trust’s values of Care, Respect and Responsibility.
* Has an interest in patient safety and excellent patient care
* Committed to championing the patient and family perspective
* Can contribute at least 4 hours a month
* Approachable and friendly personality
* High integrity, honesty and trustworthiness
* Caring and compassionate

## **VOLUNTEER APPLICATION FORM**

## **(this form is valid until 31/3/2023)**

Please complete this application form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **1. Information about you:** | | | | Date completed: |
| Title: | First Name: | | | Last Name: |
| Address: | | | Home telephone: | |
|  | | Post Code: | Mobile: | |
| Date of Birth: | | Age: | Email: | |
| Do you have any particular needs that we should be aware of so as to best support your volunteering with us? | | | | |
| If you do not live in the Dudley borough, why have you chosen to volunteer with us rather than a hospital which may be nearer to your home? | | | | |

1. **Your skills, experience and goals:**

Answering these questions will help us to understand more about what you have to offer so we can try to match you to the right volunteering role.

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| Briefly tell us why you are interested in becoming a patient safety partner |
| Are here any particular areas of patient safety that you would like to be involved in? |
| Are you / have you been a patient at The Dudley Group NHS Foundation Trust and/or been a carer for a patient? |
| Is there anything else you think would be useful for us to know about? |

1. **History Check:**

This section must be completed by all applicants regardless of whether or not you have been employed.

The NHS Employment Check standards (revised July 2013) apply to all applications for NHS positions. This includes volunteers. Please supply details below to cover the 3 years prior to the date of this application form.

|  |  |  |  |
| --- | --- | --- | --- |
| Date from | Date to | STATUS (please insert status below: full-time education, employment, unemployed, volunteering, retired, etc.) | DETAILS inc. contact details of employer or educational establishment where applicable |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Referees:**

|  |  |
| --- | --- |
| Please give us details of 2 people who could supply references for you. These individuals should not be family members, personal partners, must be over 18 years of age and should have known you for at least 12 months. We are unable to accept references from people/organisations with whom you have had no contact with during the past 3 years. One of these should preferably have known you through previous paid/voluntary work or study. Please ensure that you have obtained their permission. We will assume you have given these referees permission to disclose information about you to us. | |
| Name: | Name: |
| Job title: | Job title: |
| Organisation/Company (if applicable) | Organisation/Company: (if applicable) |
| Address: | Address: |
| Telephone: | Telephone: |
| Email: | Email: |
| How do you know this person? | How do you know this person? |

I understand that any voluntary placement, if offered, will be subject to the information on this form being correct. I understand that if I knowingly withhold valid information or include incorrect information my voluntary placement is liable to cease. I also understand that any placement will be subject to satisfactory references, health clearance and satisfactory police check appropriate to the placement area.

In addition, I understand and agree that by completing this form I give my consent to the above information being held and processed by the Trust in relation to my application/volunteer placement in accordance with current data protection legislation.

Signature: Date:

Thank you for taking the time to complete this application – please now email it to:

[**Kristina.murphy2@nhs.net**](mailto:Kristina.murphy2@nhs.net)

You will be contacted, usually within 7 working days, to acknowledge receipt of your application form. If you have not heard anything after this time, please contact us.

Not everyone who applies to volunteer will be successful. Shortlisted candidates are invited to an interview, when you will meet staff and patient safety partners to discuss the role.

The application process usually takes 2-3 weeks from the date of your interview.

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| Polite notice: volunteering is not the same as work experience and there are no opportunities for observation of clinical procedures or facilities to shadow qualified members of staff |

