**Patient Safety Partner (PSP) application form**



The information contained in this form will be for the use of Alder Hey Children’s Hospital only in support of your application for this role only

**Personal details**

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

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

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

Date of birth: ……………………………………………………… Age (if 18 years or under):………………………………

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

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

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**Your reason for wanting to become a PSP**

What has made you apply to become a PSP and what would you hope to get out of this role?

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What do you think may be the benefits of this role at Alder Hey?.......................................................

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**Skills and qualifications**

Please tell us about any skills or qualifications you have that you feel are relevant to the PSP role. For example communication skills, organisational skills, analytical skills, IT skills

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**PSP experience and availability**

Tell us briefly about any relevant experience you have had in paid employment or as a volunteer or school / college courses or placement……………………………………………………………………………………………..

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We would like you to help us up to two days a month if possible up to 15 hours per month. What time would you be able to commit to PSP involvement? What would be your preferred day of the week and hours per day? We would discuss when we meet ...............................................................................................................................................................

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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 as part of the recruitment process

**Referee 1: Referee 2:**

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

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

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

Mobile no: ..................................................... Mobile no: .....................................................

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

How do you know this person? How do you know this person?

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**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 by Sunday 13th October 2024** either by email to Pauline.brown@alderhey.nhs.uk or by post with your envelope marked ‘Private and confidential’, to Pauline Brown Director of Nursing Alder Hey Children’s Hospital - 4th floor, East Prescot Rd, Liverpool L14 5AB. Discussion panel planned to be held on Thursday 31st October 2024