**Participant Engagement Database**

**Application, Information and Consent Form**

**Introduction**

Thank you for your interest in becoming involved in engagement work at Salisbury NHS Foundation Trust.

We are committed to making sure that everyone in the local community has the opportunity to get involved and help us shape our services.

Your involvement will bring your lived experience, perspective and challenge into thework that we doand is essential in championing a service user voice. By listening to our service users, we will better understand their needs and how they feel about the care we provide.

If you do not have access to email and would like to be contacted via telephone or post, please state this on your application form. Meetings may be held using Microsoft Teams <https://www.microsoft.com/en-gb/microsoft-teams>, if you think this may restrict your ability to participate in this way please note this on the application form.

Below you will find further information on the various ways you can be involved; these options are not exhaustive as we are always looking for new ways to engage with our local community.

If you would be happy for us to store your details and contact you when engagement activities relative to your preferences arise then please complete both the application and equal opportunities forms attached. These can be returned by email to sft.patientexperience@nhs.net – or by post to: **Patient Engagement Lead, PALS - Block 62, Salisbury District Hospital, Odstock Road, Salisbury, SP2 8BJ**.

**Purpose**

Our participant engagement opportunities are designed to support members of the public to become involved as partners in the work that we do here at Salisbury NHS Foundation Trust.

You will become a ‘Critical Friend’ providing valuable feedback, opinions and challenge on the services delivered by the hospital – with a view to aiding continuous improvement to the patient experience.

**Diversity and Equality**

We are fully committed to diversity, inclusion and equal opportunity for all. We will therefore ask you to complete an equal opportunity monitoring form as part of the application process.

Please let us know if you have any specific needs so that we can make adjustments and support you to fully partake in this work. If you would like support with completing this application form or require this in another format please contact: sft.patientexperience@nhs.net or call 01722 429044.

**Data Protection**

The information you provide will be stored in accordance with our data protection policies, copies of which are available on request. We will always contact you to discuss an opportunity for involvement prior to sharing your details with project leads or specialties within the Trust. You are able to opt out of this database at any point by contacting sft.patientexperience@nhs.net or by calling 01722 429044. We may contact you to update you on the outcomes of other participant engagement activities taking place in the hospital as part of our continued promotion of participant involvement – however, if you do not wish to receive these updates you can opt out below.

We may also use anonymised statistics on demographic data you have provided to help us improve the diversity of our engagement work. All details are held in accordance with the Data Protection Act 2018.

**Types of Engagement**

There are a number of different ways that you can get involved:

* **Supporting service redevelopment** – use your experiences and views to help us think about how our services can be improved – become part of one of our patient panels!
* **Monitoring the quality of our services** – for example you can be one of our **PLACE Assessors** ([Patient-Led Assessment of the Care Environment](https://www.gov.uk/government/statistics/patient-led-assessments-of-the-care-environment-place-2022-england)) - suggesting improvements and co-designing actions plans
* **Serving on committees and working groups** – taking an active role as a committee member or chair and providing the patient/visitor/volunteer/carer viewpoint. We are always looking for patient and carer representatives for our Patient Experience Steering Groups and Carers Group!
* **Patient Safety Partners (PSPs)** – involving patients, carers and their families in their own safety, as well as being partners alongside staff to continually improve patient safety in our organisation. This is a new role for the Trust and further details on this can be found here. Copy of the PSP role description is available on request.
* **Recruitment** – taking an active part in the interview process for recruitment of our staff.
* **Readership group** - making sure information for patients, carers and families is clear on its purpose, understandable, accessible and are being delivered in the right way. Any literature reviewed by our readership group bears the following logo:

**Participant Requirements**

To take part in any of our engagement opportunities, you will need:

* To be able to work positively as part of a team
* To respect the views of others and ensure all opinions are heard
* To respect confidentiality and uphold the principles of the Equality Act 2010 by showing impartiality to any issue relating to gender, ethnicity, disability etc
* To always be aware that you represent the Trust and should refrain from any action that could bring the Trust into disrepute.

 **About you – this information will be stored on our Participant Engagement Database**

Sent by speciality: …………………………………………………

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|  |  |
| --- | --- |
| Title: | Full name: |
| Preferred name: |
| Are you aged 18 or over? [ ]  Yes [ ]  No *If no, then responsible parent or guardian will need to provide additional consent below.* |
| Address: |
| Postcode:  |
| Contact telephone number:  |
| Email address: |
| Preferred method of contact:[ ]  Email [ ]  Post [ ]  Telephone [ ]  All / Any  |
| Please select the option that best applies to you. I am a: [ ]  Patient or health service user (current or previously) [ ]  Carer/family member of a patient currently/previously using our services [ ]  Visitor to the hospital[ ]  Volunteer[ ]  Veteran[ ]  Other (please state): |
| Do you have any specific needs or need particular support from us to enable you to take part? [ ]  Yes [ ]  No If yes, please explain:Are you able to use telephone, email and the internet to communicate and/or take part in meetings? [ ]  Yes [ ]  No If no, please explain. |
| Which activities are you interested in joining (tick all that apply):[ ]  **Supporting service development** [ ]  **Monitoring the quality of our services**[ ]  **Serving on committees and working groups** [ ]  **Patient Safety Partners** [ ]  **Recruitment** [ ]  **Making sure information for patients and carers is clear**  |
| Do you have a specific speciality, department or area of interest that you would prefer to be contacted about in relation to the above activities? [ ]  **Yes, I am specifically interested in** (please state) …………………………………………………………[ ]  **No, I am happy to be contacted about activities related to any areas/topics** |
| **Consent** [ ]  I agree for Salisbury NHS Foundation Trust to store and process the personal data I have provided and to be contacted in relation to participant engagement activities. Signed: ……………………………………………………………………………………………. Full name (if signing on behalf of the applicant): …………………………………………….**You may withdraw your consent or change your preferences at any time by contacting the PALS Office - email:** **sft.patientexperience@nhs.net** **or calling 01722 429044**.  |
| **Preferences**[ ]  I do not wish to receive information, newsletters or other articles in relation to the Trust’s participant engagement outcomes, with the exception of those that I have been actively involved with. [ ]  I do not wish to receive information, newsletters or other articles in relation to participant engagement outcomes, **including** **those I have been involved with.** |

**Equal opportunities information - *this information will be stored on our Participant Engagement Database***

## What age group do you belong to?

|  |  |
| --- | --- |
| [ ]  | 17 or under  |
| [ ]  | 18 – 25 |
| [ ]  | 26 – 35 |
| [ ]  | 36 – 45 |
| [ ]  | 46 – 55 |
| [ ]  | 56 – 65 |
| [ ]  | 66 – 75 |
| [ ]  | 76+ |
| [ ]  | Prefer not to say |

## Would you consider yourself to have a disability that limits your day-to-day activities?

|  |  |
| --- | --- |
|  |  |
| [ ]  | Yes |
| [ ]  | No |
| [ ]  | Unsure |
| [ ]  | Prefer not to say |

## If you answered ‘yes’ to question 2, please describe your disability:

|  |  |
| --- | --- |
| [ ]  | Vision  |
| [ ]  | Hearing  |
| [ ]  | Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects |
| [ ]  | Learning Disability (e.g. difficulties with learning, concentrating or remembering) |
| [ ]  | Mental Health |
| [ ]  | Stamina or breathing difficulty |
| [ ]  | Social or behavioural issues (e.g. due to conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome) |
| [ ]  | Other condition (please state): ………………………………………………………..……………………………………………………………………………………….. |
| [ ]  | Prefer not to say |

## What is your ethnic group?

|  |  |
| --- | --- |
|  |  |
|  | **White**Welsh / English / Scottish / Northern Irish / British |
| [ ]  | Irish |
| [ ]  | Gypsy or Irish Traveller |
| [ ]  | Any other White background (please state): ………………………………………… |
|  | **Mixed** |
| [ ]  | White and Black Caribbean |
| [ ]  | White and Black African |
| [ ]  | White and Asian |
| [ ]  | Other mixed background (please state): ………………………………………… |
|  |  |
| [ ]  | Asian or Asian British |
| [ ]  | Indian |
| [ ]  | Pakistani |
| [ ]  | Bangladeshi |
| [ ]  | Chinese |
| [ ]  | Other Asian background (please state): ………………………………………… |
|  |  |
| [ ]  | Black or Black British |
| [ ]  | Caribbean |
| [ ]  | African |
| [ ]  | Other Black background (please state): ………………………………………… |
|  |  |
| [ ]  | Other ethnic group not listed (please state): ………………………………………… |
| [ ]  | Prefer not to say |

## What is your gender?

|  |  |
| --- | --- |
| [ ]  | Male |
| [ ]  | Female |
| [ ]  | Prefer to self-identify (please state) …………………………..……………………… |
| [ ]  | Prefer not to say |

## What is your legal marital or civil partnership status?

|  |  |
| --- | --- |
| [ ]  | Single  |
| [ ]  | Married |
| [ ]  | Widowed |
| [ ]  | Divorced  |
| [ ]  | Separated  |
| [ ]  | Co-habiting  |
| [ ]  | Registered partnership  |
| [ ]  | Prefer not to say |

##

## What is your religion?

|  |  |
| --- | --- |
| [ ]  | No religion |
| [ ]  | Atheist |
| [ ]  | Buddhist |
| [ ]  | Christian (including Church of England, Catholic, Protestant and all other Christian denominations) |
| [ ]  | Hindu |
| [ ]  | Jewish |
| [ ]  | Muslim |
| [ ]  | Sikh |
| [ ]  | Other religion (please state) …………………………..……………………………… |
| [ ]  | Prefer not to say |

## Which of the following best describes your sexual orientation?

|  |  |
| --- | --- |
| [ ]  | Heterosexual / straight |
| [ ]  | Lesbian |
| [ ]  | Gay |
| [ ]  | Bisexual |
| [ ]  | Prefer to self-describe (please state) …………………………..………………………… |
| [ ]  | Prefer not to say |

## Do you consider yourself a carer (paid or unpaid)?

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |
| [ ]  | Unsure |
| [ ]  | Prefer not to say |

## Are you a veteran?

|  |  |
| --- | --- |
| [ ]  | Yes |
| [ ]  | No |
| [ ]  | Unsure |
| [ ]  | Prefer not to say |

**Thank you for completing these equal opportunity monitoring** **questions**

**Please return this with your application and consent form via email to** sft.patientexperience@nhs.net

**Or by post to**

**Patient Engagement Lead**

**PALS - Block 62**

**Salisbury District Hospital**

**Odstock Road**

**Salisbury**

**SP2 8BJ**