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| **Patient Educator Group application form** | | | | | | | | |
| **Title:** Mr / Mrs / Ms / Miss / Dr / Other (please specify)  **Name:** | | | | | | | | |
| **Address:** | | | | | | | | |
| **Email address:** | | | | | | | | |
| **Phone number:**  Home  Mobile | | | | | | | | |
| **Date of Birth:** | | | | | | | | |
| **Gender Identity: Ethnicity:** | | | | | | | | |
| **Mobility issues and/or sensory impairment** *(if* ***yes*** *do you require any aids – please state):* | | | | | | | | |
| **Do you have a condition that requires the use of oxygen:** YesNo | | | | | | | | |
| **Patients** *(please complete if you would like to be involved as a patient)* | | | | | | | | |
| **Medical condition:** (please detail any long-term health conditions or disabilities that you wish to be involved in teaching sessions for) | | | | | | | | |
| **Will you be accompanied on the day, eg: by a partner or carer?** YesNo | | | | | | | | |
| **Carers** *(please complete if you would like to be involved as a carer)* | | | | | | | | |
| **Relationship to the person you care for:**  **What is their date of birth?** | | | | | | | | |
| **What is their medical condition?** | | | | | | | | |
| **Teaching Sessions I am interested in** *(please highlight appropriate answer)* | |  |  | | | |  | |
| **History taking/Patient experience** (a student will take your medical history and explore the impact your illness has on you and your family; or a question and answer session with a small group of students) | Yes | No | | Maybe | | | | |
| **Physical examination** (a simple physical examination based on your condition, students will be supervised at all times) | Yes | No | | Maybe | | | | |
| **Student assessment (**helping to assess students under exam conditions, a mixture of history taking and physical examination) | Yes | No | | Maybe | | | | |
| **Committee** (helping to shape the involvement of patients in BSMS teaching, assessment and admissions) | Yes | No | | Maybe | | | | |
| **Admissions interviewing** (being involved in interviews to assess potential candidates to see if they are suitable to study medicine at BSMS) | Yes | No | | Maybe | | | | |
| **Widening Participation activities for young people** (for example BrightMed/BrightIdeas Scheme).Theseprovide learning opportunities for 12-19 year olds who have expressed an interest in studying medicine | Yes | No | | Maybe | | | | |
| **Additional Information** | | |  | | |  | |  |
| **Availability:** *(teaching sessions are usually Monday to Friday 9am – 5pm)* | | |  | | |  | |  |
| **Preferred method of transport** *– own car, public transport or taxi?* | | |  | | |  | |  |
| **Dietary Requirements** *(please state)* | | | | |  | |  |  |
| **Any other relevant information you would like the teaching session lead to know** *(including any relevant allergies)****:*** | | | | |  | |  |  |

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| **Please sign and date to confirm you wish to join the Patient Educator programme at Brighton and Sussex Medical School (BSMS)** | |  |
| **Signature:** | **Date:** | |

**Patient Educator Programme: General Consent Form**

*Taking Part in Brighton and Sussex Medical School Activities*

*Please tick or mark each blank statement box with Y to show you understand then sign at the bottom of the form.*

**I understand that:**

|  |  |
| --- | --- |
| I have volunteered to take part in a teaching session for students at the Brighton and Sussex Medical School |  |
| Students, under the supervision of fully qualified staff, might ask and make written notes about my medical condition. Students are instructed to anonymise these and dispose notes in the confidential waste after the session. |  |
| Students, under the supervision of fully qualified staff, might conduct a physical examination. This will not include any intimate examination or any examination I do not wish to have. |  |
| I have volunteered to take part in Widening Participation schemes for young people, which is part of BSMS activities. |  |
| My session may be recorded or filmed for teaching and feedback purposes. Consent will be sought at the time of recording. |  |
| I will not be able to get medical advice during the teaching session, either about my existing condition, any new condition or hospital appointments. |  |
| Whilst the session may be held on hospital grounds, it will be in a teaching area that may not have the medical facilities of a hospital. |  |
| In the unlikely event that I should need medical attention, the staff will contact emergency services on my behalf. |  |
| If I am unwell BSMS would not expect me to participate in organised activities. |  |
| I can stop my involvement with the programme at any time and this will not affect my health care in any way. |  |

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| --- | --- |
| **Print name:** |  |
| **Signature:** |  |
| **Date:** |  |

**Please complete the information overleaf **

**Who we are:**

For the purposes of Data Protection legislation (Data Protection Act 2018 and UK GDPR), the University of Brighton and University of Sussex are Data Controllers. This means that both Universities are responsible for BSMS. As regards the personal data that specifically relates to your participation with the Patient Educator Group, the University of Brighton is the data controller.

**What we need:**

The information we collect may be used in the following ways, but we need your written permission in order for us to be able to use this information. Below are five statements, please tick the boxesto show you are happy for us to use your information*.* You can tick all, or just those you agree with.

**I understand and am happy the information you collect about me and my condition may be used:**

|  |  |
| --- | --- |
| To organise, teach or assess students in BSMS. |  |
| To help organise, teach or to be involved in Widening Participation activities in BSMS. |  |
| To support research and evaluation of the Patient Educator programme. |  |
| In published materials, where my identity will be anonymous. |  |
| On the BSMS managed learning network and/or local NHS trust networks which will only be available to medical students and teaching staff. |  |

***We would like to keep you informed of our work at BSMS by sending you a copy of***

***Pulse magazine twice a year. This information is not shared with third parties and***

***you can unsubscribe at any time via phone or email. If you would like to receive it, please tick / mark this box***

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**How is your data held:**

All data is held within the EU and will not be transferred outside of the EU unless appropriate safeguards are in place*.*

**How long do we keep it?**

The Academic Department of Medical Education, within BSMS may hold information about your medical condition as long as you are involved in the teaching and other activities at BSMS. If you no longer wish to be involved we will remove the information from these forms on our patient educator computer files and shred this paperwork.

**What are your rights?**

Every care will be taken to ensure that your personal information is held securely according to the data protection policies of the Universities, and will only be accessed by authorised staff.

If you have any concerns about the way your data is being used, if you believe the information we process on you is incorrect, or you would like to request to see this information and even have it corrected or deleted please contact Anna Potts (patient Educator Lead) in the first instance on 01273 877857 or email [PatientEducatorsGroup@bsms.ac.uk](mailto:PatientEducatorsGroup@bsms.ac.uk)

If you wish to raise a complaint on how we have handled your personal data, you can contact University of Brighton, Data Protection Officer at: [dataprotection@brighton.ac.uk](mailto:dataprotection@brighton.ac.uk)

If you are not satisfied with our response or believe we are processing your personal data not in accordance with the law you can complain to the Information Commissioners Office (ICO) casework@ico.org.uk

Signing this form gives us permission to use your information in the way described above. If you have any concerns do not sign this form and contact Anna Potts (see above).

|  |  |
| --- | --- |
| **Print name:** |  |
| **Signature:** |  |
| **Date:** |  |

Please return this form to the Patient Educators Group: Deans Office, Room 3.11, Brighton and Sussex Medical School Teaching Building, University of Sussex, Falmer, Brighton,

BN1 9PX or email to: [PatientEducatorsGroup@bsms.ac.uk](mailto:PatientEducatorsGroup@bsms.ac.uk)