

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:		Ethnicity:	
Mobility issues and/or sensory impairment:			
Dietary requirements:			
Preferred method of transport?		Own	Public
			Taxi
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?		Yes	No
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 circle 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
Availability: (teaching sessions are usually Monday to Friday 9am – 5pm)			
Any other relevant information you would like the teaching session lead to know (including any relevant allergies):			
Please sign and date to confirm you wish to join the Patient Educator programme at Brighton and Sussex Medical School			
Signature:		Date:	

Patient Educator Programme: General Consent Form**Taking Part in Medical Student Teaching Sessions.**

Please tick each statement to show you understand then sign at the bottom of the form.

I understand that:

1. I have volunteered to take part in a teaching session for medical students at the Brighton and Sussex Medical School. ☐
2. Medical students, under the supervision of fully qualified staff, might ask about and record details of my medical condition. ☐
3. Medical students, under the supervision of fully qualified staff, might conduct a physical examination. This will not include any intimate examination or any physical examination that I do not wish to have. ☐
4. My session may be recorded or filmed for teaching and feedback purposes. This will not be published externally to any other party without my permission. If I discontinue volunteering at any time the film will be erased. ☐
5. I will not be able to get medical advice during the teaching session, either about my existing condition, any new condition or any hospital appointments. ☐
6. Whilst the session may be held on a hospital campus it will be in a teaching area that may not have the medical facilities of a hospital. ☐
7. In the unlikely event that I should need medical attention, the staff will contact emergency services on my behalf. ☐

Print name:	
Signature:	
Date:	

Please complete the information overleaf.

If you are happy to take part in the training sessions please read and sign this form.

For the purposes of the Data Protection Act 1998, the University of Brighton and University of Sussex are Data Controllers. This means that the Universities are responsible for how your personal information can be used. The Academic Department of Medical Education, within the Brighton and Sussex Medical School may hold information about your medical condition as long as you are involved in the teaching of medical students. If you no longer wish to be involved with the training of medical students we will remove all of your information from our computer files and any paperwork relating to you will be shredded.

The information we collect may be used in one or more of four ways. We need your written permission in order for us to be able to use the information we collect. Below are four statements. Please tick the boxes to show you are happy for us to use your information. You can tick all or only one, or two of them the choice is yours. Once you have read and ticked these statements please sign and date the form.

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

- | | |
|---|--------------------------|
| 1. To teach or assess medical students within BSMS. | <input type="checkbox"/> |
| 2. To support research and evaluation of the Patient Educator programme. | <input type="checkbox"/> |
| 3. In published materials, where my identity will be anonymous. | <input type="checkbox"/> |
| 4. On the BSMS managed learning network and/or local NHS trust networks and will only be available to medical students (during a session) and teaching staff. | <input type="checkbox"/> |

We would like to keep you informed of our work at BSMS by sending you a complimentary copy of Pulse magazine twice a year. If you would not like to receive it please tick this box. ☐

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

Signing this form gives us permission to use your information in the way described above. If you are not entirely happy for us to do so, do not sign this form but discuss your concerns with Susie Goodbrand, Project Officer, Patient Educator Group on 01273 877857 or email PEG@bsms.ac.uk.

Finally your health and wellbeing is important to us, so we will ensure you feel able to participate prior to the session. In the event of any concerns we would not expect you to continue teaching for that session.

Print name:	
Signature:	
Date:	