

## Quality Surveillance Review Programme

### Application Form for Patient/Carer Reviewers *(Ref: Congenital Gynae Anomalies)*

In order for the Quality Surveillance Team to be able to communicate with reviewers, contact details will be held on a national database.

Surname: \_\_\_\_\_

Title: \_\_\_\_\_

Forename \_\_\_\_\_

Preferred Forename: \_\_\_\_\_

Home address:

\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Hospitals that you or your family member attended to access Congenital Gynae Anomalies services (please list below):

\_\_\_\_\_  
\_\_\_\_\_

#### Service involvement:

Please give details of your involvement with any trusts, national or regional teams, support or voluntary sector groups.

\_\_\_\_\_  
\_\_\_\_\_

**Please give details below of any employment within the NHS:**

**Dates:** \_\_\_\_\_ **Capacity:** \_\_\_\_\_

**All reviewer applications must be supported by a health care professional. Any forms received without appropriate authorisation will be returned and annotated accordingly.**

**I agree to this application to join the Quality Surveillance Review process**

**Name:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**I have read the reviewer person specification and can confirm that I meet the criteria**

**I understand that standard NHS England terms and conditions together with clauses relating to confidentiality apply to the Peer Review, and agree to abide by these.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed form to:**

**The Review Support Team  
NHS England  
2nd Floor Section C | Skipton House | 80 London Road | London | SE1 6LH**

**[ENGLAND.gstreviewsupport@nhs.net](mailto:ENGLAND.gstreviewsupport@nhs.net)**

## Team Member Person Specification

Specification	Skills
<p><b>Knowledge, understanding and commitment to:</b></p> <ul style="list-style-type: none"> <li>• Multi-disciplinary approaches to care.</li> <li>• Patient and carer involvement in service delivery and service improvement.</li> </ul> <p>Peer reviewers will undergo mandatory training and should be able to commit to undertaking at least one peer review visit over the period of the national programme.</p>	<p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Presents own viewpoint clearly and concisely.</li> <li>• Actively listens to others.</li> <li>• Reflects back on own understanding of others' contribution.</li> <li>• Tactful and sensitive to others' verbal / non-verbal reactions.</li> <li>• Accurately records and reports on findings.</li> <li>• Diplomatic.</li> <li>• Applies confidentiality to the process.</li> </ul>
	<p><b>Team orientation</b></p> <ul style="list-style-type: none"> <li>• Actively seeks views from other team members.</li> <li>• Demonstrates respect for others' viewpoints.</li> <li>• Adapts own behaviour to suit situation.</li> <li>• Demonstrates ability to work within a multi-disciplinary.</li> </ul>
	<p><b>Analysis &amp; problem solving</b></p> <ul style="list-style-type: none"> <li>• Bases judgement on an unbiased logical approach.</li> <li>• Ask probing questions.</li> <li>• Searches for evidence on which to base judgements.</li> <li>• Carefully uses observation as a source of evidence.</li> </ul>
	<p><b>Task oriented</b></p> <ul style="list-style-type: none"> <li>• Prepares fully.</li> <li>• Focuses on achieving an outcome.</li> <li>• Takes personal responsibility for delivering results.</li> <li>• Completes required tasks.</li> </ul>
	<p><b>Resilience</b></p> <ul style="list-style-type: none"> <li>• Maintains and projects enthusiasm despite pressure.</li> <li>• Can adapt to a variety of situations.</li> </ul>
	<p><b>Organisational awareness</b></p> <ul style="list-style-type: none"> <li>• Able to identify the essential service requirements.</li> <li>• Considers individual events within the context of the wider system.</li> </ul>

## Reviewer Representation Form

This form is anonymous and confidential. No details you give here will be linked to any individual person. This information will help us to monitor and demonstrate that we have recruited reviewers with a diverse background. Thank you for your help.

Date of birth (dd/mm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Gender Male / Female

## Race Relations (Amendment) Act (2000) – enter Y in relevant boxes

I would describe my ethnic origin as:

### Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background

### Black or Black British

- African
- Caribbean
- Any other Black background

### Other ethnic group

- Chinese
- Any other ethnic background
- I do not wish to disclose

### Mixed

- White & Asian
- White & Black African
- White & Black Caribbean
- Any other mixed background

### White

- British
- Irish
- Any other White background

## Employment Equality Regulation (2013)

Please select the option which best describes your sexuality

- Lesbian       Gay       Bisexual       Heterosexual

I do not wish to disclose this

Please indicate your religion or belief

- Atheism       Buddhism       Christianity       Hinduism  
 Islam       Jainism       Judaism       Sikhism  
 I do not wish to disclose this

## The Disability Discrimination Act (1995)

The Disability Discrimination Act protects disabled people. This includes people with a long term health conditions. If you tell us you have a disability we can make reasonable adjustments to where you work, and at work arrangements and at interview.

Do you consider that you have a disability?

- yes       No       I do not wish to disclose this

If yes, please state the type of impairment which applies to you. People may experience more than one type of impairment, in which you may indicate more than one. If none of the categories apply, please mark "other".

- Physical impairment       Sensory impairment  
 Mental health conditions       Learning disability/difficulty  
 Long standing illness       Other (explain)

The information received by the Quality Surveillance Team (QST) may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004). The QST will process your information in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

I am happy for my name and contact details to be filed on the reviewer database and be forwarded to local patient / carer representatives.