



### Application for Simulated Patients

| Contact Information   |   |
|---|---|
| Name  |   |
| Address   |   |
| Home Phone  |   |
| Mobile Phone  |   |
| E-mail Address  |   |
| Date of Birth   |   |
| How did you hear about applying to become a simulated patient? If you were referred by someone, please give their name: |   |
|   |   |
| If you know any current nursing students please give their name and year of study:                                      |   |
|   |   |
| Availability  |   |
| During which hours are you generally available?   |   |
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekday afternoons           |
| <input type="checkbox"/> All weekdays   | <input type="checkbox"/> Other (please specify) _____ |

### Previous Experience with the Healthcare Providers

Briefly describe your past experiences with Nurses/Midwives or other healthcare providers. Please feel free to share your opinion on your experience to date.

## Person to Notify in Case of Emergency

|                |  |
|----------------|--|
| Name           |  |
| Street Address |  |
| Home Phone     |  |
| Work Phone     |  |
| E-mail Address |  |

## Agreement and Signature

By submitting this application, I confirm that I wish to be placed on the Register of Simulated Patients for a period of four years and consent to be contacted by the School should the need for a simulated patient arise.

I understand that if I am engaged by the School to provide this service I will be issued payment forms to complete and be asked to provide evidence of right to work in the UK (copy of passport or long birth certificate and NI number).

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Date           |  |

## Additional Information

Rates for Simulated Patients (SP's) are currently £50 for a half day and £75 for a full day. Rates are subject to change without notice. You will be required to complete a claim form for each instance where you are seeking payment. Claim forms will be given to you by a member of School Staff after each date you act as a Simulated Patient.

**Thank you for completing this application form and for your interest in volunteering with us.**

*Please return this form to Eilís McConville (e.mcconville @qub.ac.uk) or post to Eilís McConville, School of Nursing, Medical Biology Centre, Queen's University, 97 Lisburn Road, Belfast, BT9 7BL*