

## **Application Form 2: Patient Partner Programme**

#### Before starting this application please note:

Pausing your application: You can pause and save your application at any time, just click on the 'Finish later' button at the foot of the page you are on, provide your email address in the box provided and press 'Send'. Remember to check your inbox for the link so you can return to your application.

Submitting your application: To submit application forms, you will need to make sure you click 'Finish'. You will then be taken to a confirmation page. Here you will be able to save a completion receipt and a pdf version of your responses to keep for your records. Please note that you will have only **15 minutes** to download your completed application form after pressing the 'Finish' button.

Further instructions on submitting your application is available in the information pack and at the end of this application form.

#### Mobile device users

If you are completing this form using a mobile device, you may find it useful to view certain questions in a list format, specifically questions that make use of a grid. To do this click the link above the particular question 'view as a separate question instead'.

#### **Competencies section**

The competencies in the information pack will be assessed through completion of this application form.

You have a maximum of 250 words to answer each question in this section. If you exceed the word limit you will not be able to proceed with your application.

Please be aware that if you are preparing your answers in MS Word, there will be variation in the total number of words as this platform counts spaces/punctuation as words. If when you paste your response from Word into the space provided the word counter remains at zero, or you are told you have reached the word limit, you will need to delete some words in the box to be able to move on. We hope this will make it easier for you to complete the form online.

Please note that information submitted by you for this role will be processed in accordance with our Privacy Policy.

1. Please confirm you are applying for the following post *
O Patient Partner
2. To apply for the role of Patient Partner, applicants must have firsthand experience of being an osteopathic patient. Have you received osteopathic treatment in the last 6-12 months? *
○ Yes
○ No

Evidence of skills, knowledge and behaviours required for this post

Part 1 – Your personal details					
3. Your name *					
Current and previous employment (including voluntary roles)					
Please provide details of your current experience in patient and/or service user-led groups in the healthcare sector, plus any previous experience in the past five years and any earlier experience that you think is relevant for the Patient Partner role. There are three boxes to complete in this section, so please make sure you scroll across. Please enter 'not applicable' or 'N/A' in any boxes where you do not have information to submit.					
Current role					
4. Date to and from: *					
5. Organisation *					
6. Purpose and brief description of role (approximately 50 words) *					

7. Date to and from: *
8. Organisation *
9. Purpose and brief description of role (approximately 50 words) *
Previous role
10. Date to and from: *
11. Organisation *
12. Purpose and brief description of role (approximately 50 words) *
Previous role

**Previous role** 

13. Date to and from: \*

14. Organisation *
15. Purpose and brief description of role (approximately 50 words) *
Relevant earlier role
16. Date to and from: *
17. Organisation *
18. Purpose and brief description of role (approximately 50 words) *
Relevant earlier role
19. Date to and from: *

20. Organisation \*

21. Purpose and brief description of role (approximately 50 words) *						

## Part 2: Competencies

The competencies in the information pack will be assessed through your responses given in this application form.

Please ensure that you do not include any identifiable personal information such as your name, who you are or any protected characteristics. This is to avoid the panellists making conscious or unconscious assumptions about you based on your application.

You will find all the information you need about the requirements for this role in the competency section in the information pack. It is a good idea to read through this before you start completing the areas of the form below.

This part of the form is set out to help you to provide us with all the information we need. We will ask you a question about each competency and we have included some prompts to help you consider your responses.

**NB** We define competencies as transferable knowledge, skills and behaviours which help to tell us whether you would be able to do the role.

# Prior to asking you about the competencies

## Motivation to undertake this role

22. What motivated you to apply for the Patient Partner role? (maximum 250 words) \*

Prompts to think about as you respond:

- What type(s) of activities motivate you?
- Why do these activities motivate you?
- What knowledge, skills and behaviours do you have or can you demonstrate that would be useful in this role?

<ul> <li>What reasons do you have for wanting this role, both to become a Patient Partner and to work fo the General Osteopathic Council?</li> </ul>	r
23. At the GOsC, our values are to work <b>collaboratively</b> to be an <b>influential</b> and <b>respectful</b> regulate taking an <b>evidence-informed</b> approach. How do you think these values relate to the Patient Partner role on Council? (maximum 250 words) *	or
Competencies required for the post Please provide evidence below of how you meet all the essential competencies detailed in the information pack.	
A positive and influential advocate for patient interests	
24. Give an example of when you advocated for patients/the public and your actions led to a position outcome (maximum 250 words) *	ve
Prompts to think about as you respond:  What was the situation you were faced with?  How did you approach the situation?  What action did you take to influence the decision-making?  What happened as a result and what did you learn from this?	
Commitment to equity, diversity, inclusion and belonging in term of behaviours, decision-making and values	IS
25. Tell us about a time when you felt that an individual or group was not being treated fairly. Tell u what your response was (maximum 250 words) *	S
Prompts to think about as you respond:	

- What was the situation?
- Why do you think the person was treated unfairly?
- How did you respond to the situation?
- · What was the outcome?
- · What might you have done differently?

# Understanding of and commitment to the statutory role of the GOsC

26. Describe your understanding of public and patient protection (maximum 250 words) *	

Prompts to think about as you respond:

- Have you described why public and patient protection are important?
- Have you considered the challenges osteopaths might face, and what actions you might take to address some of these challenges?
- What recommendations would you make?

# **Highly developed communication skills**

27. Describe a situat	tion where you had to ex	kplain a complex issue	e, task or problem	(maximum 250
words) *				

Prompts to think about as you respond:

- What was the complex issue, task or problem?
- Who was the audience?
- How did you know that your audience had understood?
- · What might you have done differently?

# Is able to constructively review and analyse information

28. Describe a time when you reviewed a complex document (eg important information, policy or plans) and provided feedback and recommendations (maximum 250 words) \*

Prompts to think about as you respond:

- What was the purpose of the information you reviewed?
- What was the context?
- What steps did you take to approach this piece of work?
- What was the outcome/impact of your feedback/recommendations?
- What would you do differently next time?

# Is able to work collaboratively as part of a team

29. Describe a situation where you worked with others to achieve a shared goal (maximum 250 words) \*

Prompts to think about as you respond:

- How would you describe the situation you faced?
- · What were the challenges you came across?
- What steps did you take to work collaboratively as part of the team?
- What was the outcome?

## **Submitting Application Form 2**

By clicking the **Finish** button below, you will submit Application Form 2. Remember, you will have only **15 minutes** to view and then download your completed application form after pressing the 'Finish' button.

Once you click the **Finish** button, you will be taken to a confirmation page. On this page, you will be able to save a **completion receipt** and a copy of your responses for your records.

The **completion receipt** will provide you with a record of the date and time that you submitted the application.

If you want copies of both the completion receipt *and* your responses, we suggest that you print or email your completion receipt and do this first, and **then** download your responses. If you download your responses first, you will not be able to go back and save your completion receipt.

Please note that you cannot download a pdf of both your completion receipt and your responses. But you can print or email the completion receipt and **then** download your responses.

To download your responses, click on **My responses** and then download the pdf from the new page that opens. This is available in the top box on the page.

Please also make sure to complete Application Form 1. If you want your application to be considered, you must complete both Application Forms 1 and 2.

Please click on the **Finish** button to submit Application Form 2.