# Speaking Up Support Scheme application form

## Support to move forward after a speaking up process

This form should be read in conjunction with the [Speaking Up Support Scheme guidance](https://www.england.nhs.uk/publication/speaking-up-support-scheme/). The application process consists of:

* Completion of this application form against the eligibility criteria
* Completion of consent form
* Completion of the equalities monitoring form

Sign and return all forms with any supporting evidence [england.speakingupscheme@nhs.net](mailto:england.speakingupscheme@nhs.net) by **5 August 2024**.

## Section 1: Personal details

We require this information\* in order to contact you about your application. If your application does go through to the informal interview stage, panel members will only see information that will allow them to assess your eligibility for the scheme so personal details will be removed.

|  |  |
| --- | --- |
| Title |  |
| Surname/family name\* |  |
| First name\* |  |
| Middle name |  |
| Email address\* |  |
| Preferred contact telephone/mobile number\* |  |

There is more information about how your information will be stored in [section 5 of the guide to this scheme](https://www.england.nhs.uk/publication/speaking-up-support-scheme/).

|  |  |
| --- | --- |
| Are you currently employed by the NHS | Yes  No |
| If yes, please provide the name of the organisation |  |
| Have you been recommended to the scheme by your organisation | Yes  No |
| For past NHS workers, can you confirm that you have worked for the NHS within the last three years | Yes  No |
| Name of the organisation you are/were working for when you raised a concern |  |
| Job title |  |
| Pay band/grade |  |
| Are you eligible to work in the UK? | Yes  No |
| Please indicate your professional group | Administrative and clerical  Allied health professionals  Estates and ancillary  Healthcare scientists  Medical  Dental  Nursing and midwifery registered  Additional clinical services  Additional professional scientific and technical  Students  Other please state… |
| Please indicate which kind of organisation you were/are working in when you spoke up | Acute trust  Acute/community trust  Acute specialist trust  Ambulance trust  Community trust  Deanery  Dental practice  General practice  Integrated care board  Mental health and learning difficulty trust  Mental Health, learning difficulty, community trust  Optical  Primary care network  Pharmacy  Training Hub |
| Please indicate which region you are/were working for when you raised a concern | East of England  London  Midlands  North East and Yorkshire  North West  South East  South West |

## Section 2: Personal statement

|  |  |
| --- | --- |
| 1. Have you been through a formal process of raising concerns in the NHS, the subject of which related to safety, posed a risk, or presented as malpractice or wrongdoing and suffered significant adverse impact as a result?   Please list the evidence you have provided below (see eligibility criteria below for types of evidence you could include). | Yes ☐ No ☐ |
| 1. Have you made reasonable attempts to resolve any differences resulting from the outcome of your speaking up process?   Please list evidence provided below (see eligibility criteria below for types of evidence you could include). | Yes ☐ No ☐ |
| 1. Please indicate the negative response you experience as a result of speaking up (tick all that apply)   ☐ Bullied left out or treated negatively  ☐ Perceived as a troublemaker  ☐ Told it was wrong to speak up/they had incorrectly spoken up  ☐ Denied information or resources to do the job  ☐ Dismissed, contract not renewed, made redundant  ☐ Experienced mild health problems  ☐ Experienced moderate health problems  ☐ Experienced severe health problems  ☐ Moved to less desirable duties, location, demotion, suspension  ☐ Overlooked or denied access to promotion or training  ☐ Received a negative appraisal or disciplinary action  ☐ Refused support to manage stress due to speaking up  Other please state… | |
| 1. Please indicate the impact of the negative response (tick all that apply)   ☐ No impact  ☐ Suffered low mood and anxiety, able to work  ☐ Suffered low mood and anxiety, unable to work  ☐ Medication – short/medium term prescription  ☐ Medication – medium/long term prescription  ☐ Short term sick leave  ☐ Long term sick leave  ☐ Dip in performance – informal performance management  ☐ Sustained impact on performance – formal performance management  ☐ Self harm  ☐ Suicidal thoughts  Other please state… | |

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| 1. Describe in **no more than 500 words** how you believe this scheme will benefit you to move on personally and professionally? |
|  |

1. Please list any support you accessed within the NHS before during or after your formal raising concern process:

☐ Freedom to Speak Up guardian

☐ Human resources colleague

☐ Trade union representative

☐ Health and wellbeing guardian

☐ Professional midwifery advocate

☐ Professional nurse advocate

☐ Occupational health internal services

☐ Occupational health external services

☐ Employee Assistance Programme

1. Please can you tell us how you heard about this scheme by ticking one of the below boxes

|  |  |
| --- | --- |
| NHS England website |  |
| National Guardian Office website |  |
| Social media |  |
| Word of mouth |  |
| Trade union |  |
| NHS Freedom to Speak Up guardian |  |
| NHS human resources representative |  |
| NHS health and wellbeing lead |  |
| Other (please specify) |  |

## Section 3: Declaration

**The information in this form and attachments is true, accurate and complete.**

I agree that any deliberate omission, falsification, or misrepresentation in the application form will be grounds for rejecting this application or for removing me from the scheme.

I understand that by completing this application form and participating in the support scheme some personal data will be processed by external providers contracted to supply coaching services, personal development, and psychology services.

Please note: The support scheme may seek verification of the details on this application form from your current/previous employer and/or any organisation to which you have raised concerns and been adversely affected, we will contact you first should this be required.

I agree to the above declaration (by completing the box you are giving an electronic signature)

|  |  |
| --- | --- |
| Name/Signature |  |
| Date |  |

Please submit your application form, consent form, equalities form and supporting evidence to [england.speakingupscheme@nhs.net](mailto:england.speakingupscheme@nhs.net) **by 5 August 2024**.

Should you need these documents in a different format or if we need to make any reasonable adjustments for you in order to submit your application or if you are unable to submit your form electronically, please email [england.speakingupscheme@nhs.net](mailto:england.speakingupscheme@nhs.net).

## Appendix A: Eligibility Criteria for the Speak Up Support Scheme

**Due to the over subscription of this scheme, applications will be scored against the following criteria:**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Types of Evidence** | **Essential**  **Desirable** |
| Individual has been through a formal process of raising concerns in the NHS, the subject of which relate to a risk or presented as malpractice or wrongdoing and suffered significant adverse impact as a result | Personal statement  Additional evidence from one of the following:   * Outcome letter of concerns raised * Meeting notes * Supporting statements from people that helped you speak up, eg staff network chair, trade union rep, chaplain/or other faith support, or a work colleague * Your speaking up submissions * Freedom to Speak Up guardian * GP notes * Investigation terms of reference and/or report * Outcome letter or meeting notes * Occupational health report * Other suitable evidence | Essential |
| Made reasonable attempts to work with their organisation to resolve any differences resulting from the outcome of the speak up process | * Personal statement * Statement from the employer, the Freedom to Speak Up guardian/human resources, union representative or professional support * Evidence mediation has been attempted   Any other suitable evidence | Essential |
| Can demonstrate the negative impact that speaking up has had | * Generic examples of negative experience and impact selected in the application form | Essential |
| Can demonstrate how the scheme will benefit them to move on personally and professionally | Personal statement with examples of future goals or desired outcomes. | Essential |
| Open to participate in all the scheme aspects | * Signed consent form * Initial health and wellbeing assessment * Attend group sessions, one-to-one sessions and Learning and development * Reflect and share learning * Take part in evaluation of programme. | Essential |
| Is a past or present NHS worker[[1]](#footnote-2) | Past and present NHS workers to provide the details of NHS organisation worked/working for and position held.  Organisation recommends that you take part in the scheme.  A past NHS worker is someone who has previously worked for the NHS within the last three years. | Essential  Desirable  Essential |
| Must not have taken part in any previous related NHS whistleblowing support schemes including the pilot scheme |  | Essential |

1. For the purposes of the scheme we are using the definition of worker found in the national speaking up policy [↑](#footnote-ref-2)