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Please take a couple of minutes to complete this survey, and return it alongside the supporting evidence listed overleaf. All responses will be treated in confidence. Please note, by completing the survey, you are agreeing to be contacted about the campaign.
**Please return completed surveys to [\*ENTER UNISON BRANCH ADDRESS HERE], or hand it to your UNISON steward.**

|  |  |
| --- | --- |
| Q1. Name |       |
| Q2. Email |       |
| Q3. Phone Number  |      |  |  |
| Q4. UNISON Member? |  [ ]  Yes | [ ]  No |  |
| Q5. Job Title |       |
| Q6. Band |  [ ]  Band 2 | [ ]  Band 3 | [ ]  Other |
| Q7. Ward/Department |       |
| Q8. Qualification  |  [ ]  NVQ Level 2  | [ ]  NVQ Level 3 | [ ]  None |
| Q9. How many unsocial hours do you on average, do in a week? |  |
| Q10. What was your employment start date?  |  |
|  |
| Q11. On average, how often do you carry out these duties in your current role, and have you received training related to it? |
| Please tick the appropriate box for each task/responsibility |
| **Duty** | Never | A few timesa year | A few timesa month | A few timesa week | Every day | Have you received training on this duty? |
| Collect medicine from the pharmacy |  |  |  |  |  | [ ]  Yes [ ]  No |
| Escort a patient unaccompanied toanother ward/theatre  |  |  |  |  |  | [ ]  Yes [ ]  No |
| Record patient observations |  |  |  |  |  | [ ]  Yes [ ]  No |
| Monitor a patient’s blood glucose levels |  |  |  |  |  | [ ]  Yes [ ]  No |
| **Duty**  | Never | A few times a year | A few times a month  | A few times a week | Every day | [ ]  Yes [ ]  No |
| Take blood |  |  |  |  |  |  |
| Carry out a simple wound dressing and wound observations |  |  |  |  |  | [ ]  Yes [ ]  No |
| Carry out venepuncture |  |  |  |  |  | [ ]  Yes [ ]  No |
| Carry out an ECG |  |  |  |  |  | [ ]  Yes [ ]  No |
| Carry out cannulation |  |  |  |  |  | [ ]  Yes [ ]  No |
| Carry out equipment checks |  |  |  |  |  | [ ]  Yes [ ]  No |
| Carry out urinalysis |  |  |  |  |  | [ ]  Yes [ ]  No |
| General & clinical supervision ofless experienced staff |  |  |  |  |  | [ ]  Yes [ ]  No |
|  |
| Q12. When did you begin doingthese duties, approximately? |  |
| Q13. Do you feel confident undertaking allthe tasks you are required to do? |  [ ]  Yes [ ]  No |
| Q14. Are you sometimes required to act on your own initiative to deliver patient care? |  [ ]  Yes [ ]  No |
| Q15. Can your work duties be unpredictable? |  [ ]  Yes [ ]  No |
| Q16. Would you like to get more involvedwith the campaign? |  [ ]  Yes [ ]  No |
|  |
| Q17. Any other comment? |  |
|  |