****

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 times a year | | A few times a month | A few times a week | | Every day | Have you received training on this duty? |
| Collect medicine from the pharmacy |  |  | |  |  | |  | Yes  No |
| Escort a patient unaccompanied to another 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 of less experienced staff |  |  | |  |  | |  | Yes  No |
|  | | | | | | | | |
| Q12. When did you begin doing these duties, approximately? |  | | | | | | | |
| Q13. Do you feel confident undertaking all the 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 involved with the campaign? | Yes  No | | | | | | | |
|  | | | | | | | | |
| Q17. Any other comment? |  | | | | | | | |
|  | | | | | | | | |