

## Patient Partnership in Care (PPiC) Questionnaire for use in Secondary Care

# Application Form (multiple)

Please complete in BLOCK CAPITALS

| Step 1<br>Fill in your details   | Step 2<br>Participants | Step 3<br>Price Guide                    |
|--|------------------------|--|
| <b>Contact name:</b>   | (Dr/Mr/Mrs/Ms/Miss)    |  |
| <b>Employer:</b>   |                        | <b>Health organisation:</b><br>eg: Trust |
| <b>Address of work:</b>  |                        | <b>Post Code:</b>                        |
| <b>Direct contact tel no:</b>  |                        | <b>E-mail address:</b>                   |
| We may contact you from time to time to keep you up to date with products and services that we feel may be of interest to you.<br>If you would like us not to retain your e-mail address for this purpose, please tick here <input type="checkbox"/> |                        |  |

| Step 1<br>Fill in your details  | Step 2<br>Participants   | Step 3<br>Price Guide  |
|---|--|--|
| <b>Please provide below the name and occupation of each clinician to be surveyed.</b><br><b>A) Doctors</b>  |  |  |
| <b>Doctor</b>   | Name <small>(inc. title)</small> _____   | Gender _____ Date of Birth _____   |
|   | Year of Registration _____   | Email _____  |
| <b>Please select an option from the left hand column and specialty from the right hand columns</b>  |  |  |
| <input type="checkbox"/> Consultant<br><input type="checkbox"/> SAS<br><input type="checkbox"/> Specialist Training Registrar<br><input type="checkbox"/> Foundation Doctor<br><input type="checkbox"/> Medical Student<br>Other: _____ | <input type="checkbox"/> Accident & Emergency<br><input type="checkbox"/> Anaesthetics<br><input type="checkbox"/> Medicine<br><input type="checkbox"/> Obstetrics & Gynaecology<br><input type="checkbox"/> Paediatrics | <input type="checkbox"/> Pathology<br><input type="checkbox"/> Mental Health<br><input type="checkbox"/> Public Health<br><input type="checkbox"/> Surgery<br><input type="checkbox"/> Ophthalmology |
| <b>Doctor</b>   | Name <small>(inc. title)</small> _____   | Gender _____ Date of Birth _____   |
|   | Year of Registration _____   | Email _____  |
| <b>Please select an option from the left hand column and specialty from the right hand columns</b>  |  |  |
| <input type="checkbox"/> Consultant<br><input type="checkbox"/> SAS<br><input type="checkbox"/> Specialist Training Registrar<br><input type="checkbox"/> Foundation Doctor<br><input type="checkbox"/> Medical Student<br>Other: _____ | <input type="checkbox"/> Accident & Emergency<br><input type="checkbox"/> Anaesthetics<br><input type="checkbox"/> Medicine<br><input type="checkbox"/> Obstetrics & Gynaecology<br><input type="checkbox"/> Paediatrics | <input type="checkbox"/> Pathology<br><input type="checkbox"/> Mental Health<br><input type="checkbox"/> Public Health<br><input type="checkbox"/> Surgery<br><input type="checkbox"/> Ophthalmology |

**Doctor** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

Please select an option from the left hand column and specialty from the right hand columns

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Consultant                    | <input type="checkbox"/> Accident & Emergency     | <input type="checkbox"/> Pathology     | <input type="checkbox"/> Radiology      |
| <input type="checkbox"/> SAS                           | <input type="checkbox"/> Anaesthetics             | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Intensive Care |
| <input type="checkbox"/> Specialist Training Registrar | <input type="checkbox"/> Medicine                 | <input type="checkbox"/> Public Health |   |
| <input type="checkbox"/> Foundation Doctor             | <input type="checkbox"/> Obstetrics & Gynaecology | <input type="checkbox"/> Surgery       |   |
| <input type="checkbox"/> Medical Student               | <input type="checkbox"/> Paediatrics              | <input type="checkbox"/> Ophthalmology |   |
| Other: _____   |   |  |   |

**Doctor** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

Please select an option from the left hand column and specialty from the right hand columns

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Consultant                    | <input type="checkbox"/> Accident & Emergency     | <input type="checkbox"/> Pathology     | <input type="checkbox"/> Radiology      |
| <input type="checkbox"/> SAS                           | <input type="checkbox"/> Anaesthetics             | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Intensive Care |
| <input type="checkbox"/> Specialist Training Registrar | <input type="checkbox"/> Medicine                 | <input type="checkbox"/> Public Health |   |
| <input type="checkbox"/> Foundation Doctor             | <input type="checkbox"/> Obstetrics & Gynaecology | <input type="checkbox"/> Surgery       |   |
| <input type="checkbox"/> Medical Student               | <input type="checkbox"/> Paediatrics              | <input type="checkbox"/> Ophthalmology |   |
| Other: _____   |   |  |   |

**Doctor** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

Please select an option from the left hand column and specialty from the right hand columns

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Consultant                    | <input type="checkbox"/> Accident & Emergency     | <input type="checkbox"/> Pathology     | <input type="checkbox"/> Radiology      |
| <input type="checkbox"/> SAS                           | <input type="checkbox"/> Anaesthetics             | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Intensive Care |
| <input type="checkbox"/> Specialist Training Registrar | <input type="checkbox"/> Medicine                 | <input type="checkbox"/> Public Health |   |
| <input type="checkbox"/> Foundation Doctor             | <input type="checkbox"/> Obstetrics & Gynaecology | <input type="checkbox"/> Surgery       |   |
| <input type="checkbox"/> Medical Student               | <input type="checkbox"/> Paediatrics              | <input type="checkbox"/> Ophthalmology |   |
| Other: _____   |   |  |   |

**Doctor** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

Please select an option from the left hand column and specialty from the right hand columns

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Consultant                    | <input type="checkbox"/> Accident & Emergency     | <input type="checkbox"/> Pathology     | <input type="checkbox"/> Radiology      |
| <input type="checkbox"/> SAS                           | <input type="checkbox"/> Anaesthetics             | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Intensive Care |
| <input type="checkbox"/> Specialist Training Registrar | <input type="checkbox"/> Medicine                 | <input type="checkbox"/> Public Health |   |
| <input type="checkbox"/> Foundation Doctor             | <input type="checkbox"/> Obstetrics & Gynaecology | <input type="checkbox"/> Surgery       |   |
| <input type="checkbox"/> Medical Student               | <input type="checkbox"/> Paediatrics              | <input type="checkbox"/> Ophthalmology |   |
| Other: _____   |   |  |   |

If you require additional practitioners to be surveyed, please print extra copies of this page.

**B) Nursing, Midwifery and Allied Health Professionals**

**Nurses, Midwifery and Allied Health Professionals** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

Please select from the options below which best suits their occupation

Specialist Nurse    Nurse    Health Care Assistant    Midwife   Are you:  Full time  
 Phlebotomist    Other \_\_\_\_\_  Part time

**Nurses, Midwifery and Allied Health Professionals** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

Please select from the options below which best suits their occupation

Specialist Nurse   Nurse   Health Care Assistant   Midwife   Are you: Full time  
 Phlebotomist   Other \_\_\_\_\_ Part time

**Nurses, Midwifery and Allied Health Professionals** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

Please select from the options below which best suits their occupation

Specialist Nurse   Nurse   Health Care Assistant   Midwife   Are you: Full time  
 Phlebotomist   Other \_\_\_\_\_ Part time

**Nurses, Midwifery and Allied Health Professionals** Name (inc. title) \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Year of Registration \_\_\_\_\_ Email \_\_\_\_\_

Please select from the options below which best suits their occupation

Specialist Nurse   Nurse   Health Care Assistant   Midwife   Are you: Full time  
 Phlebotomist   Other \_\_\_\_\_ Part time

**If you require additional practitioners to be surveyed, please print extra copies of this page.**

**An all-inclusive cost of £88 + VAT per participating clinician**

This price includes: complete survey pack  
 electronic feedback report  
 supporting materials

Each participating clinician will receive an electronic copy of their report.

A bound copy is available for £15 + VAT, per clinician, please tick box

I confirm that I have read and accept the terms and conditions of the service provided by CFEP UK Surveys (see reverse).

Signed \_\_\_\_\_ Date \_\_\_\_\_

We will send you 35 questionnaires per clinician.

We need to make sure that the results we provide for you are statistically valid so please ensure that you **return a minimum of 18** completed questionnaires.

*Please note that we may need to contact you for further questionnaires if blank or incomplete forms mean that we do not have enough for statistical validity.*

I would like to receive my survey pack on

[date]: \_\_\_\_\_  
 (Allow 10 working days for delivery)

**Price calculator**

No. of clinicians \_\_\_\_\_ x £88 = £ \_\_\_\_\_

Optional extras  
 Bound report add £ \_\_\_\_\_  
**£15 per clinician**

Subtotal £ \_\_\_\_\_

Please add VAT £ \_\_\_\_\_

**Total** £ \_\_\_\_\_

Please tick here if you would like a VAT receipt

**Complete this form, post / fax it to us and phone us on 0845 519 7493 with your credit or debit card details.**

**Alternatively cheques should be made payable to CFEP UK Surveys Ltd and sent to us at;**

**1 Northleigh House, Thorverton Road, Matford Business Park, Exeter EX2 8HF**

## STANDARD TERMS AND CONDITIONS FOR SUPPLY OF SERVICES

### 1 INTERPRETATION

In this document the following words shall have the following meanings:

- 1.1 "Customer" means any person who purchases Services from the Supplier;
- 1.2 "Supplier" means CFEP UK Surveys Ltd of 1 Northleigh House, Thorverton Road, Matford Business Park, Exeter EX2 8HF;
- 1.3 "Terms and Conditions" means the terms and conditions of supply set out in this document and any special terms and conditions agreed in writing by the Supplier.

### 2 GENERAL

- 2.1 These Terms and Conditions shall apply to all contracts for the supply of Services by the Supplier to the Customer and shall prevail over any other documentation or communication from the Customer.
- 2.2 Any variation to these Terms and Conditions shall be inapplicable unless agreed in writing by the Supplier.

### 3 PRICE AND PAYMENT

- 3.1 Payment of the price shall usually be paid on application for individual surveys and by contract or Service Level Agreement terms as applicable. Payment can be made by credit/debit card on-line or over the phone, by BACS or by cheque. Payment in arrears will be by prior agreement only.
- 3.2 There will be a separate charge for translated surveys, extra questions and any additional survey material that is requested. There will also be a charge for translating any comments on the surveys.
- 3.3 The Supplier will send an electronic report to the customer. If any further copies are requested, in any format, there will be an administration charge.
- 3.4 The Supplier reserves the right to modify, update or run promotions on any service at any time. The Supplier reserves the right to change the price of any service at any time. Once a service has been ordered, the price shall remain fixed for the Customer. Under no circumstances shall the Supplier refund the difference should the price of that service decrease.

### 4 CUSTOMER'S OBLIGATIONS

To enable the Supplier to perform its obligations the Customer shall:

- 4.1 Co-operate with the Supplier;
- 4.2 Provide the Supplier with any information reasonably required by the Supplier;
- 4.3 Keep the supplier notified of their correct name, postal address and any phone, fax or e-mail information.
- 4.4 Comply with such other requirements as agreed between the parties.
- 4.5 Comply with all other statutory requirements – particularly in regards to data protection and confidentiality.

### 5 SUPPLIER'S OBLIGATIONS

- 5.1 The Supplier shall perform the Services with reasonable skill and care and to a reasonable standard in accordance with recognised standards and codes of practice.
- 5.2 The Supplier accepts all responsibility for the condition of tools and equipment used in the performance of the Services and shall ensure that any materials supplied shall be free of defects at the point of dispatch.
- 5.3 Delivery of survey material will be within 10 working days of receipt of the application and payment unless otherwise agreed by contract/Service Level Agreement. Delivery of results will generally be within 21 working days from receipt of a sufficient number of completed questionnaires.
- 5.4 Data protection: All paper copies of the questionnaire will be destroyed after processing and not returned to the customer. This is in line with the NHS Code of Practice and in accordance with CFEP UK Surveys' confidentiality policy.

### 6 LIMITATION OF LIABILITY

- 6.1 Nothing in these Terms and Conditions shall exclude or limit the liability of the Supplier for death or personal injury. However the Supplier shall not be liable for any direct loss or damage suffered by the Customer howsoever caused, as a result of any negligence, breach of contract or otherwise in excess of the price of the Services.
- 6.2 The Supplier shall not be liable under any circumstances to the Customer or any third party for any indirect or consequential loss of profit or other economic loss suffered by the Customer howsoever caused, as a result of any negligence, breach of contract, misrepresentation or otherwise.
- 6.3 The Supplier cannot accept liability for items lost in the post en route to CFEP UK Surveys.

### 7 CANCELLATIONS

Returns/refunds policy: Where a Customer cancels their order after receiving the survey material, the Supplier shall offer the Customer a 50% refund. Where a Customer fails to complete the survey for reasons unrelated to CFEP UK Surveys; there is no refund. Both parties must return or destroy information received from the other if asked to do so.

### 8 FORCE MAJEURE

Neither party shall be liable for any delay or failure to perform any of its obligations if the delay or failure results from events or circumstances outside its reasonable control, including but not limited to acts of God, strikes, lock outs, accidents, war, fire, breakdown of plant or machinery or shortage or unavailability of raw materials from a natural source of supply, and the party shall be entitled to a reasonable extension of its obligations.

### 9 CFEP UK SURVEYS' PROPERTY

The contents of the CFEP UK Surveys' website may not be copied, reproduced, distributed, republished, displayed, posted or transmitted in any form or by any means without the prior express written permission of CFEP UK Surveys.

Format and layout of the questionnaire is the property of CFEP UK Surveys. Processing of any data entered onto the questionnaire by anyone other than CFEP UK Surveys is strictly forbidden.

### 10 COPYRIGHT

Surveys may only be used in the format in which the Supplier issues them, be it written form on paper, provided in an electronic format or in any other medium. Surveys may not be used in any other format other than that supplied. Customers may not at any time, without prior written permission of the Supplier, make copies or reproductions (in whatever form) of the questionnaires or survey material. Where any such copy is considered reasonably necessary, the Supplier will provide written permission.

### 11 SEVERANCE

If any term or provision of these Terms and Conditions is held invalid, illegal or unenforceable for any reason by any court of competent jurisdiction such provision shall be severed and the remainder of the provisions hereof shall continue in full force and effect as if these Terms and Conditions had been agreed with the invalid, illegal or unenforceable provision eliminated.

### 12 GOVERNING LAW

These Terms and Conditions shall be governed by and construed in accordance with the law of England and the parties hereby submit to the exclusive jurisdiction of the English courts.

### DISCLAIMER

CFEP UK Surveys ([www.cfepsurveys.co.uk](http://www.cfepsurveys.co.uk)) regularly use links to direct users to additional or related information on other websites. These websites are not under the control of CFEP UK Surveys and we are not responsible for the content of these sites. Other websites are linked or listed as a convenience only and should not be seen as an endorsement of any kind. We cannot guarantee that these links will work all of the time and have no control over the availability of the linked pages.