



## Your Details for the Simulated Patient Database

### Data Protection

<p><i>By completing this form, I give permission for my data to be held in the SP database of Health Education North West and agree that Health Education North West may process personal data relating to me for personnel, administration and / or management purposes, make such data available to Health Education North West, and as required by law.</i></p> <p><i>We will not make your contact details available to the public or external organisation in print or online.</i></p>	<b>Signed</b>
	<b>Date</b>

### Personal Particulars

<b>First Name(s)</b>	
<b>Surname</b>	
<b>Preferred Name</b>	
<b>Gender</b>	
<b>Ethnicity</b>	
<b>Nationality</b>	
<b>Country of Birth</b>	
<b>Date of Birth</b>	
<b>Home Address</b> (press ALT+Return for a new line in the field)	
<b>Home Phone Number</b>	
<b>Mobile Phone Number</b>	
<b>Email Address</b>	
<b>Emergency Contact Name</b>	
<b>Emergency Contact Number</b>	

### Photos

Please provide two photos for use in the database.

## Physical Characteristics

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Scars, piercings, tattoos, or other physical characteristics.  
(press ALT+Return for a new paragraph in the field)

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Weight (kg)

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Height (cm)

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Role Playing Age (Minimum)

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Role Playing Age (Maximum)

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## Language Proficiency

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### Spoken Languages

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Language	Proficiency

Other Spoken Languages

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### Written Languages

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Language	Proficiency

Other Written Languages

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## Relevant Medical History

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Current / past medical conditions relevant to work as an SP

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## Relevant Experience

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**Relevant experience in acting /  
role play / SP work**

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## Relevant Skills

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**Other relevant skills (e.g.  
teaching / sign language, etc.)**

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## Reason for Interest

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**Reason for interest in SP work  
(brief description)**

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**Preferred Roles or Involvement**

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## Physical Examination

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Willing to take part in physical examinations?

Elaboration if specified

## Engagement Source

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Where did you learn about the SP programme?

## Parental Consent

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*If you are aged under 16, we require parental consent to include your details in the database.*

**Signed**

**Date**